2411 N. Charles St., Baltimore

| CERTIFICATE | OF | DEA | TIL |
|---------------------------|----|---------|-----|
| V.P.P. I I P. IV. A. I P. | | J. C. A | |

| 1. PLACE OF DEATH County Salfo. | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) |
|--|---|
| City or lown a (If outside city or town limits, write RURAL and give nearest town) | City or town (If outside city of town limits, white RURAL and give nearest town) |
| Nospital, Institution for street address where death occurred: Nospital, Institution for street address where death occurred: Reach Ry By 7: | Street No. (If rural, give LOCATION) |
| Now long in hospital or institution? | 2.(d) If veleran, name war |
| 3. (a) FULL NAME alice Virgin Bak | 3. (b) Social Security Number |
| 4. Sex 5. Color or race 6.(a) Single, marked, widowed, or divorced The While Hille Hillory | MEDICAL CERTIFICATION 20, DATE OF DEATH. 20, DATE OF DEATH. |
| 6,(b) Name of husband or wife Elso & newton (Seal) | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from |
| 7. Birth date of deceased (mo., day, yr.) 8. (c) If alive, give ageyears 1892 | and that I last saw h |
| 8. AGE: Years Months Days If less than one day 54 7 9 | Chrang rellerinton |
| 9. Birthplace (Town, equity, and atate) | Due to |
| 10. Usual occupation | Due to |
| 12. Name audreny f. Powers | Dther conditions |
| 13. Birthplace H 14. Malden name Multiplace 15. Birthplace 15. Birthplace | (Include pregnancy within 3 months of death) Major findings of aperations. |
| I 15. Birthplace A A A A A | Date of op. |
| Address Olinan Md. | Antopsy results |
| 17. Burial, cremation, or removal. Which?) Date thereof | 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide |
| Cemetery or crematory aslang M. E. Camatery | Where did injury occur? (City or town) (County) (State) |
| Location Recoleration 19 13 Call | Injured at home, farm, Industry, public place (where?) |
| 18. Funeral director Authority Road Address 4914 Belain Road | 23. SIGNATURE In Molecumie MAT. |
| 19. Dela 19 46 C. W. Ideshick (Date ree'd by registrar) Registrar | Address Date signed |

MARGIN RESERVED FOR BINDING

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Ine correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Every item of information should carefully be supplied. The write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING WITH UNFADING INK. PLEASE WRITE PLAINLY, correct age is especially im

VS A15

| | TE OF DEATH Reg. Diet. No. 46 |
|--|--|
| 1. PLACE OF DEATH. County | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For nawborn infant give residence of mother) State County Ward No. (It inhelife city or town lipring, write Inural NEAR and give town) Street No. (If rural give LOCATION) 2(a) IF VETERAN, NAME WAR |
| 4. Sex 5. Color or face 6.(a) Single, married, with wed, or divorced | 3. (b) Social Security Number MEDICAL CERTIFICATION |
| 6 (b) Name of husband or wife 2070 Ff 2 OX VTT | 20. DATE OF DEATH |
| 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day A control of the control of | and that I last sawh for alive on 19. Immedials cause of death the act disease, with 12/20/46 |
| 9. Birthplace Thorn, coupty, and state) 10. Usual occupation Charles 11. Industry or business | Oue to |
| 12. Name Penglin Bennight 13. Birthplace 14. Maiden name Bertie Benkrys 15. Birthplace 220 | Other conditions (Include pregnancy within 8 months of death) Major findings: Of operations Please underlim |
| 16. Informant Rusself Bergeral Rd Address 9600 pt anford Rd | the cause to whic death should be charged statistically. Of autopsy |
| (Burial, cremation, or removal. Wheth) Cemetery or crematory Location October 100 Comparison Comp | Accident, suicide, or homicide Bate of Where did injury occur? (City or town) (County) (State) Injured al home, farm, Industry, public place (where?) |
| 18. Funeral director Learning Curche Address 5305 Varford Rd 19. 12/23 1946 Alb Helych | 23. SIGNATURE ROLLING MY DATE M. D. or other |
| (Date rec'd by registrar) Registrar | Address Quiton 1720/46 |

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| LTIMORE | CITY | HEALTH | DEPAR | TMEN |
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| E | OF DEATH 19 Registered No. |
|---|---|
| 1 | 2. USUAL RESIDENCE OF DECEASED: |
| , | (a) State Md (b) County Baltimore |
| | (c) City or town Cutherville (If ou side city or town limits, write RURAL and give town) |
| | (d) Street No. Seminary and. |
| l | (e) Citizen of foreign country? (Yea or No) |
| | If yes, name country. |
| ۷ | & Barrett |
| | MEDICAL CERTIFICATION |
| | 20. DATE OF DEATH Dec. 15 19 46, at 7:50 M |
| | 21. I certify that I took charge of the remains described above, held an |
| | Autopy, Inspection or Inquiry |
| | by said Autopsy, Inspection or Inquiry, find that said deceased came |
| - | todeath on the day stated above, and death in my |
| | opinion resulted from: natural causes , accident , suicide , |
| 1 | homicide [], undetermined [] and that the causes of death were: |
| | IMMEDIATE CAUSE OF DEATH |
| | Decafitation |
| | Mu felation (Transmité) |
| | Due to Eviscentio. |
| | |
| | Other Conditions |
| | (Include pregnancy within 3 months of death) |
| | 22. If an external cause was primary or contributing acuse of death, fill in the following: |
| - | (a) Date of injury 12-15-1/4 at 4 a. M. |
| | (b) Where did injury occur? Pa R. R Sittlewills In |
| | (c) Did injury occur at home, on farm, industrial place, in public |
| | place? public While at work? |
| | (d) Means of injury Struck by R. R. Team |

B Pa. Railrage 1. PLACE OF DEATH: (a) Baltimore City, Maryland (c) Hospital or institution: (d) Length of stay in hospital or inst. (yrs., mos., or days)...... (e) Length of stay in Baltimore (yrs., mos., or days).... 3 (a) FULL NAME 3 (c) Social Security Account 3 (b) If veteran, name war No. 217-07-6 (a) Single, married, widowed, or 4. Sex 5. Color or race

divorced. male 6 (b) Name of husband or wife 6 (c) If alive, give age 7. Birth date of deceased (mo., day, yr.) Aug 8 Wless than one day 8. AGE: Years Months Days 9. Birthplace. 10. Usual Occupation ... II. Industry or business 13. Birthplace 14. Maiden Name. 15. Birthplace 16 (a) Informant. (b) Address (b) Date thereof (Burial, cremation, or removal)

(b) Address. 19 (a)

(c) Cemetery or crematory.

(Date rec'd by registrar

18 (a) Funeral director

Date signed 12-14-

23. Signature.

Medical Examiner.

important.

PLEASE WRITE PLAINLY, '

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore 740)

CERTIFICATE OF DEATH

| 1 | 1 | 1 | 7 | 5 | 7 | 1 |
|------|----|-----|----|-----|---|---|
| Reg. | Di | at. | No | . 9 | 0 | |

| 1. PLACE OF DEATH: | | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State | | | | |
|--------------------------------------|------------------------|---|-----------------------------------|--|---|---|
| County Baltimore | | | | | | |
| City or town | outside city or town I | mits, write I | RURAL and give nearest town) | | | |
| / | | | 14 days | City or town | ite RURAL end give n | earest towa) |
| Hospital, Institution, or | street address where | death occurre | d: | Street No. | | |
| Spr | ing Grove | State | Hospital | (If rural, give LOC | | *************************************** |
| How long in hospital or | Institution?1 | year, | 14 days | 2.(a) If veteran, name war | | |
| 3. (a) FULL NAM | | H | | 3 | 3. (b) Social Security | Number Number |
| 1 | | M. Be | | | | |
| 4. Sex | 5. Color or race | b.(a)Sing | ie, married, widowed, or divorced | MEDICAL CERT | FIFICATION | |
| female | white | | married | 20. DATE OF DEATH December 12 | 19.46 | ,at12:15.pm |
| 6.(b) Name of husband | or wife | Edward | Becker | 21. I CERTIFY that death occurred on the date above st | | |
| | | | c) If alive, give ege60years | November 28 19 45 | | |
| 7. Birth date of | | | 8, 1891 | and that I fast saw h er alive on Decem | ber 12 | 19.46 |
| deceased (mo., day,) 8. AGE: Years | | Days | If less than one day | Immediate cause of death | | DURATION |
| 0, 110 | | | | Chronic left corona | ry artery | **** |
| 55 | 10 | 4 | hrsmln. | disease | | indef. |
| 9. Birthplace | York C | ounty, and | Pennsylvania state) | Due to | | *************************************** |
| 10. Usual occupation | Housew | ife | | | | ************************ |
| 11. Industry or busines | Home | | | Due to | | *** |
| | | Dubbs | | Other conditions Atrophy of righ | t kidney | 10 |
| 12. Name | Pennsy | | | | | *** |
| | | | le | (Include pregnancy within 8 mont | ha of death) | |
| 14. Maiden name. | | | | Major findings of operations | , | 888888 |
| ≥ 15. Birthplace | Pennsy | lvania | | | Date of op | ********** |
| 16. Informant | Hospta | 1 reco | rds | Autopsy results | *************************************** | |
| Address | | | 28. Md. | PHYSICIAN: Flease underline the cause to which | death should he charged | statistically. |
| Ruse | ial | | | 22. VIOLENCE: If death was due to external causes, | | |
| (Burial, cremation | , or removal Which! | Data the | reol (day) (year) | Accident, suicide, or homicide | Date of | |
| | 6 Yorks | Loa | | Where did injury occur?(City or town) | (Connty) | (State) |
| Location /a | // , // | Por | | Injured at home, farm, industry, public place (where? | | |
| | | 11 | 1 | Means of injury | Injured at work? | |
| 18. Funeral director | | | soft) | 11. 00 | 101 | nin |
| Address | Jan out | / | Ja. | 23. SIGNATURE HELLEY COL | 1 MEad | IMN |
| 19 Dec /3 | The 1946 | Afr | Mylylle Registrar | Isador Tuerk, | • 10 • | or other |
| (Date rec'd by re | gistrar) | | Registrar | Address Catonsville-28 Md. | Date signed | 2-13-46 |



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2411 N. Charles St., Baltimore (3)

CERTIFICATE OF DEATH



Reg. Diat. No. ...

| 1. PLACE OF DEATH: Baltimore Catonsville | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland State | | |
|---|---|--------------|--|
| Clly or town. (If outside city or town limits, write RURAL and give nearest town) | Reltimore | | |
| How long in above place of death? 8 months, 11 days | City or town (If outside city or town limits, write RURAL and give neare | st town) | |
| Hospital, Institution, or street address where death occurred: | Street No. 1615 Hakesley Court | | |
| Spring Grove State Hospital | (If rural, give LOCATION) | / | |
| How long in hospilal or institution? 8 months, 11 days | 2.(α) If veteran, name war | V | |
| 3. (a) FULL NAME | 3. (b) Social Security N | umber | |
| Alice Bell | | | |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION | | |
| f w single | 20. DATE DF DEATH December 13 19.46 | 3:45 a. | |
| 6.(b) Name of husband or wife | 21. I CERTIFY that death occurred on the date above stated; that I attended decease April 2, 1946 19 | 13 19 46 | |
| 7 Right date of | and that I last saw halive on December 13 | 1946. | |
| deceased (mo., dey, yr.) August 3, 1867 | Immediais cause of daath | DURATION | |
| 8. AGE: Years Months Days If less than one day | Acute myocardial insufficiency | l week | |
| 79 4 10hrsmir | n. | | |
| Baltimore, Maryland | Due to Chronic arteriosclerotic | Indef. | |
| (Town, county, and state) | cardiovascular renal disease | | |
| 1D. Usual occupationseamstress | | | |
| 11. Industry or business home | Due to | | |
| | | | |
| E Virginio | Dther conditions | | |
| | (Include pregnancy within 3 months of death) | | |
| 14. Malden name | Major fiudiugs of operations | | |
| Pennsylvania | | | |
| | As shows | | |
| 16. Informant H. spital Records | Autopsy results. AS Shoves. PHYSICIAN: Please underline the cause to which death should be charged st | atistically. | |
| Catonsville 28, Md. | | | |
| (June) 1/3/49 | 22. VIOLENCE: If death was due to external causes, fill in the following: | | |
| (Burial, cremation, or remoyal) Which?) (Burial, cremation, or remoyal) Which?) | Accident, suicide, or homicide | | |
| Cemelery or crematory Salfurnor | Where did injury occur? | (State) | |
| Cometer) of Clematory and Made | Injured at home, farm, industry, public place (where?) | (344) | |
| Location | | | |
| 18. Funeral director Adda The | Meens of Injury Injured at work? | 11/1 | |
| Address 1219 At Toul | Hung Calleab | 1, 40, | |
| 1-3 KT DZ ACO 6 | 23. SIGNATURE Wonny G. A. Wood, M.D. M. D. or | other | |
| 19. (Date rec'd by registrar) Registra | Catonsville 28, Md. | 12/13/46 | |
| I (Note to a m) - State of | | | |

| 2411 | N. | Charles | St., | Baltimore | 13-6 |
|------|----|---------|------|-----------|------|
|------|----|---------|------|-----------|------|

| CE | ERTIFICATE OF DEATH Reg. Diat. No. 32 |
|---|---|
| 1. PLACE OF DEATH: County Baltimore City or town Mount Wilson (If outside city or town limits, write RURAL and giv How tong in above place of death? Oyrs. O mos., I Hospital, institution, or street address where death occurred: Mt. V Branch, Md. Tuberculesis Sar How long in hospital or institution? Oyrs., O mos., I | City or town |
| 3. (a) FULL NAME Mrs. Clara Emma | // 01111101111 |
| FeMale 5. Color or race 6.(a) Single, married, widow Married | MEDICAL CERTIFICATION |
| 8.(b) Name of husband or wife | December 9, 18 46 to Dec. 10, 19 46 and that I last saw h.er. alive on December 10, 19 46 Immediate cause of death Pulmonary Tuberculosis DURATION 11 yrs. Due to Tubercle Bacilli Due to Due to |
| 12. Name Harry Thompson 13. Sirtholace Baltimore Co., Maryl 14. Malden name Laura Kemp 15. Sirtholace Baltimore Co., Maryl 16. Informant Mr. Calvin C. Berkeme Address 222 Clarendon Ave., Pik 17. Burial 18. Burial Date thereof. Dec. 1 (Burial, cremation, or removal. Which?) Cemetery or crematory Druid Ridge Cemet | Major findings of operations. No operation Land Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of |
| Location Pikesville, Maryland 18. Funeral director. Frank Newell Address Pikesville, Maryland 19. 12/10/46 (Date rec'd by registrar) | Injured at home, farm, industry, public place (where?) Msans of Injury 23. SIGNATURE Stewart Shaffer in D Address Mount Wilson, Md. Date signed 12/10/46. |

SA

ADING INK. Supply every item of information carefully. The capacians: please write the causes of death clearly and legibly.

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WRITE

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Mount Wilson, Md. Date signed 12/10/46. - 12-12-46

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| | y. The clegibly. | County. |
| | lly. | |
| | NFADING INK. Supply every item of information carefully nt. Physicians: please write the causes of death clearly and | How lose to the How lo 3. (a) |
| | car | X.e.t |
| | cle | How lo |
| - | mat | 3. (a) |
| | forn f de | |
| t | f in | 4. Sex |
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| | DEPARTMENT | | |
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| 本 | Reg. Diat. No. | K |

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| CERT | CIFICATE OF DEATH |
|--|---|
| 1. PLACE OF DEATH: County Baltimore | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) |
| City or town Fort Howard Maryland (If outside city or town limits, write RURAL and give near How long in above place of death? 22 hours 5 minutes Hospital, institution, or street address where death occurred: Mets. Adm. Hosp., Fort Howard, Mary How long in hospital or institution? 22 hours 5 minute. | City or town |
| 3. (a) FULL NAME CHARLES V. BLACKLELL | 3. (b) Social Security Number |
| 4. Sex 5. Color or race 6.(a)Single, married, widowed, or | divorced MEDICAL CERTIFICATION |
| M W MARRIED | 20. DATE DE DEATH DOCUMBER 15. 19 46 at 10 ; 10a. M |
| 6.(b) Name of husband or wife Lucille Blackwell | December 14 1946 to December 15 19 46 and that I last eaw him alive on December 15 19 46 |
| 8. AGE: Years Months Days If leee than one da | Immediate cause of death Phosphorous poisoning DURATION |
| 25 9 10hrs. | Z days |
| 9. Birthplace Social Circle, Ga. (Town, county, and state) 10. Usual occupation. House Painter 11. Industry or businese | Due to. Phosphorous in rat poison paste Due to. |
| 12. Name Henry Blackwell 13. Birthplace North Carolina | Other conditions |
| X 13. Birthplace North Carolina | |
| 14. Malden name Onie Wigley | (Include pregnancy within 3 months of death) |
| 14. Malden name | Major fiodings of operations |
| 21 15. Birthplace Athens, Ga. | Date of op. |
| 16. Informant.U.LINICALROCOTOSV.S.SAdm. | Autopsy resultsCompatiblewithphosphorouspoisoning PHYSICIAN: Please underline the cause to which death should be charged statistically. |
| Address Fort Howard, Maryland 11. Charles Fort Howard, Maryland 12. Cemetery or crematory Canada (month) (december or cremator) (december or crema | Where did injury occur? Baltimore, Maryland (County) (State) |
| Location Dancaster - South Ca | njured at home, farm, Industry, public place (where?) |
| 18. Funeral director & les worth Crus | Meene of Injury Self Inflicted Injured at work? no |
| Address 3911 Silverty Leights | by taking rat poison |
| 19 | 23. SIGNATURE Deputy med M. Dorothouse Registrar Address Deputy med M. Dorothouse Registrar Address |
| | 1000000 |

(County)

M. D. or other

Date signed/

| I | E OF DEATH | 190 |
|---|--|-----------------|
| Ī | 2. HOME (USUAL RESIDENCE) OF DECEASED: | 00 |
| ı | (a) State and (b) County Dalto | |
| | | |
| | (If outside city or town limits, write RURAL an | |
| | (d) Street No. Batapasa We | |
| j | (e) If foreign born, how long in U.S. A.? | years |
| _ | | |
| 1 | MEDICAL CERTIFICATION | 15 |
| | 20. Date of death alls 14 1946, at 6 | -AM |
| | 21. 1 certify that death occurred on the date above stated; | |
| - | ed deceased from let 13 1946, to blee 1 | |
| - | and that I last saw him alive on All 19.44 | ha na s |
| | Immediate cause of death Counsey | Sudden |
| | - Assembosis | Judden |
| - | Due to asterno telesotive Cardin | |
| | vasula diseuse | |
| - | Due to Mishetta mellitus | |
| - | Other conditions | |
| - | | PHYSICIAN |
| | (Include pregnancy within 3 months of death) Major findings: | |
| | Of operations | Underline the |
| | 01 | death should be |
| - | Of autopsy | cally. |
| | 22. If death was due to external causes, fill in the follows | ing: |
| - | (a) Accident, suicide, or homicide | |
| 1 | (b) Date of occurrence | |

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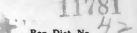
MARYLAND STATE DEPARTMENT OF HEALTH

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| | E OF DEATH Reg. Dist. No. |
|--|--|
| 1. PLACE OF DEATH: County | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newboru infants give residence of mother) State Maryland county Baltimore City or town Villa Nova (If outside city or town limits, write RURAL and give nearest town) Street No |
| 3. (a) FULL NAME | 3. (b) Social Security Number |
| Fannie T. Bowen 4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Female White Widowed | MEDICAL CERTIFICATION 20. DATE OF DEATH |
| 6.(6) Namo of husband or wife John W. Bowen 6.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) September 18, 1867 8. AGE: Years Months Days If less than one day 79 2 24 hrs. min. 9. 6irthplace Harford County, Md. (Town, county, and state) 10. Usual occupation None 11. Industry or business 12. Name Jeremiah Yellott 13. Birthplace Maryland | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. to 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. |
| 14. Malden name Alice Fendall 15. Birthplace Maryland 16. Informant Mrs. Elizabeth M. Murray Address 206 W. Monument Street | Major fiadiugs of operatious |
| Address 200 W. Monument Street Burial Date thereof 12/14/46 (month) (day) (year) Cemetery or crematory Druid Ridge Location Pikesville, Md. 18. Funeral director 2005 N. Calvert Street 19. 12/13 | 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide |

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



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| City or town (If outside city or town lights, write RURAL and give nearest town) Street No | City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number MEDICAL CERTIFICATION 20. DATE OF DEATH. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 20. to 19. Immediate cause of death. DURATION Due to. Bellow Cinclude pregnancy within 3 months of death) Major findings of operations. Date of op. Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, sulcide, or homicide. Date of Date of Date of Date of PHYSICIAN: Please underline the cause to which death should be charged statistically. (City or town) (County) (State) Injured at home, farm, industry, public place (where?) | | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give realdence of mother) |
|--|--|---|---|
| City or town (If outside city or town limits, write RURAL and give nearest town) Street No | City or town (if outside city or town lights, write RURAL and give nearest town) Street No. 1 | ********* | core me a come 12 el como |
| City or town (If outside city or town lights, write RURAL and give nearest town) Street No | City or town (If outside city or town lingits, write RURAL and give nearest town) Street No (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number MEDICAL CERTIFICATION 20. DATE OF DEATH 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 | | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - |
| Street No | Street No | | City or town |
| MEDICAL CERTIFICATION 20. Date of op. Antopsy results. PHYSICIAN: Flease underline the cause to which death should be charged statistically. 21. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Wears of injury Injured at home, farm, industry, public place (where?) Injured at work? | Comparison of the conditions Continue to the cause to which death should be charged statistically. Continue to the cause of the c | | |
| MEDICAL CERTIFICATION 20. DATE OF DEATH 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 40. 10. 19. 41. 19. 4 | 2.(a) If veteran, name war. 3. (b) Social Security Number | | (If pural, give LOCATION) |
| MEDICAL CERTIFICATION 20. DATE OF DEATH | MEDICAL CERTIFICATION 20. DATE OF DEATH 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 40. to 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. | | |
| MEDICAL CERTIFICATION 20. DATE OF DEATH | MEDICAL CERTIFICATION 20. DATE DF DEATH. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 40. to 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. | | 3.(b) Social Security Number |
| 20. DATE OF DEATH. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 4.0. to 19. 4.1. Immediate cause of death 19. 4.1. Immediate cause of death 19. 4.1. Due to 19. 4.1. Date of op. 4.1. Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged attaintically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide 19. 4.1. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury injured at work? | 20. DATE OF DEATH. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 18. 40., to 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. | | |
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| 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 40., to 18. 4. Immediate cause of death 19. 4. Immediate cause of death 19. 4. Due to 19. 4. Due to 19. 4. Due to 19. 4. Due to 19. 4. Differ conditions 19. 4. Cinclude pregnancy within 3 months of death) Major findings of operations 19. 4. PHYSICIAN: Please underline the cause to which death about he charged attaistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide 19. 4. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury 19. 19. 4. Injured at work? | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 4.0., to 19. 4.1. Immediate cause of death 19. 4.1. Due to 19. 4.1. Due to 19. 4.1. Due to 19. 4.1. Die to 19. 4.1. Die to 19. 4.1. Date of operations 19. 4.1. Major findings of operations 19. 4.1. Date of op. 19. 4.1. Antopsy results 19. 4.1. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. | | |
| 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 40. to 18. 4. Immediate cause of death 19. 4. Immediate cause of death 19. 4. Due to 19. 4. Due to 19. 4. Due to 19. 4. Due to 19. 4. Differ conditions 19. 4. Cinciude pregnancy within 3 months of death) Major findings of operations 19. 4. Major findings of operations 19. 4. Autopsy results 19. 4. PHYSICIAN: Flease underline the cause to which death about he charged attaistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. 19. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.4.0., to 19.4.1.1.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2 | | 20. DATE OF DEATH. Nee 20 19 46 21 6 501 |
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| and that I last saw h | and that I last saw h | • | |
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| Antopsy results. PHYSICIAN: Please underline the cause to which death aboutd he charged atatistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work? | Antopsy results. PHYSICIAN: Please underline the cause to which death about he charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) Injured at home, farm, industry, public place (where?) Means of injury Injured at work? | ******** | Major findings of operations. |
| Antopsy results PHYSICIAN: Flease underline the cause to which death aboutd he charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide | Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide | | |
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| 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide | 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide | ******** | |
| Accident, suicide, or homicide | Accident, suicide, or homicide | | |
| Where did Injury occur? | Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work? 23. SIGNATURE DE deve V. De Tee | 16 | |
| Where did injury occur? | Where did Injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work? 23. SIGNATURE DE deve V. De Lee M. D. or other | -) | |
| Injured at home, farm, industry, public place (where?) Means of injury Injured at work? | Injured at home, farm, industry, public place (where?) Means of injury Injured at work? 23. SIGNATURE | | Where did injury occur? |
| Means of injury Injured at work? | Means of injury Injured at work? 23. SIGNATURE | ********* | |
| A | 23. SIGNATURE DE dever V. Deiler M. D. or other | | Injured at home, farm, industry, public place (where?) |
| 7- 3/9:7 | O M. D. or other | | Means of injury Injured at work? |
| 22 SIGNATURE OF E deven U. Healter | O M. D. or other | | 22 SIGNATURE OF TE deven V. Beiter |

1. PLACE OF DEATH: (If outside city or town limits, write RURAL and give neare How long in above place of death?..... Hospitat, Institution, or street address where death occurred: How long in hospital or institution?.. 3. (a) FULL NAME 4. Sex 5. Color or race b.(a) Single, married, widowed, or dis Male Marrie 7. Birth date of - 1861 deceased (mo., day, yr.) Months Days If less than one day 8. AGE: 85-7 hrs. 9. Birthplace..... (Town, county, and stete) 1D. Usual occupation. 11. Industry or business 13. Birthplace W N Know 14. Malden name 6. 15. Birthplace 1B. Informant Address 12-22 (Burial, cremation, or removal Which?) (month) (day) Cemetery or crematory 18. Funeral director. Address (Date rec'd by registrar) Registrar

VS A15

PLEASE

age

UNFADING INK. Supply every item of information carefully. The correct ant. Physicians: please write the causes of death-clearly and legibly.

PLAINLY, WITH UNF is especially important.

WRITE

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 729

| | | 1 | J. | 6 | 0.0 |
|-----|------|-------|-----|---|-----|
| , * | Reg. | Diat. | No. | | 4 |

11729

Date signed ... 12-10-46.

| | | | CERTIFICAT | re of déath | Reg. Diat. No. |
|---|--|---------------------------------|----------------------------------|---|---|
| 1. PLACE OF DEATH: County Baltimore City or town Fort Howard, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 5 days Horbital, Institution, or street address where death occurred: Vets. Adm. Hosp. Fort Howard, Md. How long in hospital or institution? 5 days | | | | 2. USUAL RESIDENCE (HOME) OF I (For newborn infants give residence of mo State Maryland County City or town Baltimore, Maryl (If outside city or town limits, w Street No. 1310 Andre St. (If rural, give LC 2.(a) If veteran, name war SAW | and write RURAL and give nearest town) |
| 3. (a) FULL NAM | ME | | | | 3. (b) Social Security Number |
| | M. BRINK | | | | |
| 4. Sex | 5. Color or race | | e, married, widowed, or divorced | MEDICAL CER | TIFICATION |
| Male | White | Divo | orced | 20. DATE OF DEATH December 10 | ts.46at. 8:10A |
| 7. Birth date of | | | c) If alive, give ageyears | 2t. I CERTIFY that death occurred on the date above December 5, 19 | 46, to December 10 to 46. |
| deceased (mo., day, | | Der 21, | 1 of less than one day | Immediate cause of death | |
| 8. AGE: Yea | | 19 | hrs. min. | MESENTERIC THROMBOSIS | 4 days |
| (Town, county, and state) 10. Usual occupation. Unemployed. 11. industry or business 12. Name | | | | Other Conditions: DITA OLD THE LIGHT FEVER Arterioscierosisy of Cor Diter conditions. Calcification Values with Stenosis and (Include pregnancy within 3 mor Major findings of operations. Autopsy results. Same as above PHYSICIAN: Please underline the cause to which | of Aortic Unknown I Insefficiency. |
| t7. Buria. (Burial, cremation Cemetery or crema Location And 18. Funeral director. Address 121 | l on, or removal. While tory. Cadar. I napolis Ro William 7 St. Pau | Hill Cem d., Balt Cook, I | eof(month) (day) (year) | WALL DON HOMADD 300 | (County) (State) e?) Injured at work? M.D. GLIN. DIR. M.D. or other |

VS A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

CERTIFICATE OF DEATH

Reg. Dist. No.

| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) |
|--|--|
| County Jeluma | ma Mallingo |
| City or town (If outside city or town limits, write RURAL and give nearest town) | State County County |
| | City or town |
| How long in above place of death? | Street No. 23 7 Bloomsbury are |
| 237 Sloomsbury Wis | Street No. (If rural, givn LOCATION) |
| How tong in hospital or institution? | 2.(a) tf veteran, name war |
| | |
| 3. (a) FULL NAME JOSEPH Swift | Browne 3. (b) Social Security Number |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorged | MEDICAL CERTIFICATION |
| male white married | 20, DATE OF DEATH DLC 3 1946 at 11 A M |
| 6.(b) Name of husband or with Massime Lassen | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from |
| | Med 1844, 10 Dec 3 1846 |
| T. Birth date of | and that I tast saw h demailive on Nov 27. |
| deceased (mo., day, yr.) Uprel 3 1880 | Immediate cause of death |
| 8. AGE: Years Months Days If less than one day | Chronory Thrombons Sustant |
| 66 8 0nin. | 7 |
| Ladinalone Va | Mulual Sugar |
| 9. Birthplace(Town sounty, and state) | Due to Arter a Actor as a |
| 10. Usual occupation | Salat January Salat Sala |
| | Due to |
| 11. Industry or ausiness | |
| 12. Name Joseph Swift nown | Other conditions |
| # 7 · 1 · 1 · | (Incinde pregnancy within 3 months of death) |
| E 14. Maiden name Andrew | Major fiadings of operations. |
| 15. Birthplace | Oate of op |
| 18. Interment Mrs. M. Lasine Browne | Autopsy results. |
| | PHYSICIAN: Please underline the cause to which death should be charged statistically. |
| Address 237 Bloomsburyant | 22. VIOLENCE: If death was due to externat causes, fill in the following: |
| 17. Dunal Date thereof Del 6 1946 | Accident, suicide, or homicide |
| (Buriai, cremation, or removni. Which?) | |
| Cemetery or crematory dudy | Where did injury occur? |
| Location Ballo Ma | tnjured at home, farm, industry, public place (where?) |
| 18. Funeral director / Henry M. Lanking wins C | Maans of Injury Injured at work? |
| Address M Cullob Ouchard St | mallo a.A. |
| 11 E- 11/ Alexand 80.01. | 23. SIGNATURE M. D. or other |
| (Date rec'd by registrar) | Address 1403 Park ase Date signed 12/4/46 |

DEC 6 1945

BUREAUT.

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 472

CERTIFICATE OF DEATH

| | | | | 6 | 8 | 4 | |
|---|------|-------|-----|----|----|---|---|
| L | Reg. | Dist. | No. | \$ | 39 | 1 | 0 |

| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) | | | | |
|--|---|--|--|--|--|
| City or town | State Manager County Calling | | | | |
| How long in above place of death? | (If outside city or town limits, write RURAL and give nearest town) | | | | |
| Hospital, institution, or street address where death occurred: | Street No. | | | | |
| / | (If rural, give LOCATION) | | | | |
| How long in hospital or institution? | 2.(a) It veteran, name war | | | | |
| 3. (a) FULL NAME Wellow Bucker | 3. (b) Social Security Number | | | | |
| 4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced | MEDICAL CERTIFICATION | | | | |
| m w mi | 20. DATE DF DEATH 6 December 19.46 at 11:48 PM | | | | |
| B.(b) Name of hestrand or wife Tellie & Wildason | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from | | | | |
| | 2 Sept 19 46, 10 6 020 19 45 | | | | |
| 7. Birth date of deceased (mo., day, yr.) Apr 21-1898 | and that f last saw h. L. M. alive on | | | | |
| 8. AGE: Years Months Bays If less than one day | Immediate cause of death | | | | |
| 48 7 15hrsmin. | Carcinoma Kight Lung /2mo. | | | | |
| 9. Birthplace | Due to | | | | |
| 10. Usual occupation Olecular | *************************************** | | | | |
| | Due to | | | | |
| 11. Industry or business | | | | | |
| 12. Name. A Table 13. Birthplace Md | Bither conditions | | | | |
| 0011 000 | (Include pregnancy within 8 months of death) | | | | |
| 14. Maiden name The Medicer 11. Birthplace | Major findings of operations. | | | | |
| 20 cca (i 2) | Date of op. | | | | |
| 16. Informant Mus Welliam Bucket | Autopsy results. PHYSICIAN: Please underline the cause te which death should be charged statistically. | | | | |
| Address Upperco Med 1 | | | | | |
| 17 Paccidal Bate thereof Dell 9/46 | 22. VIOLENCE: If death was due to external causes, till in the tollowing; | | | | |
| (Buriai, cremation, or removai, Which?) (month) (day) (year) | Accident, suicide, or homicide | | | | |
| Cemetery or crematory At Vacela | Where did injury occur? | | | | |
| Location Bults CO | Injured at home, tarm, industry, public place (where?) | | | | |
| 18. Funeral director Theo Chipston | Meana of Injury Injured at work? | | | | |
| Address Hampstead Hed | W. F. Erneshes I m. | | | | |
| 19. Die 8 (Date ree'd by registrar) 19.46 Cylil & Fowth MA | 23. SIGNATURE M.D. or other Address 22 Hanover Rd. Reisterstown Md. 7 Dec 46 | | | | |

HINLINGS THE WASHINGTON TO THE WORLD

STORY ADDRESS - DAY OF THE

DEC 11 1945

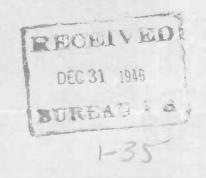
1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

| 1. PLACE OF DEATH: | (For newborn infants give residence of mother) |
|--|---|
| County | |
| City or town | State |
| | City or town |
| How long in above place of death? | City or town (If outside city or town limits, write RURAL and give nearest town) |
| Hospital, Institution, or street address where death occurred: | Street No. |
| Relay | (If rural, give LOCATION) |
| How long in hospital or institution? | 2.(a) If veteran, name war |
| | |
| 3. (a) FULL NAME | 3. (b) Social Security Number |
| Ten. 7 Burkler | |
| 4. Sex 5. Color of race 6.(a) Single, married widowed, or divorced | MEDICAL CERTIFICATION |
| 0 1 | * |
| male white Ordand | 20. DATE DF DEATH |
| p. 71 | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from |
| 6.(b) Name of husband or wife Confidence Land | 22 1946 10 Dec 29 1946 |
| 6.(c) If alive, give ageyears | |
| 7. Birth date of | and thet I last saw h in alive on Direction 19 46. |
| deceased (mo., day, yr.) Table 1 5 - 1 7 6 8 | Immediate cause of death |
| 8. AGE: Years Months Days If less than one day | Calad I ale of the work |
| 7 < 11 /7hrs, min. | |
| | |
| 9. Birthplace Marghand | Due to and antering large grand from |
| (Town, county and state) | |
| 10. Usual occupation. | |
| | Due to |
| 11. Industry or business | |
| 12. Name 12. | Other conditions |
| 13. Birtholace | |
| K 49 49 Q-11 | (Include pregnancy within 3 months of death) |
| 14. Maiden name | Major findings of operations |
| 14. Maiden name 17. M. M. M. Dert J. Bert J. Stribplace | Date of op. |
| | |
| 16. Informani | Autopsy results. |
| Address Cleandalin port | PHYSICIAN: Please underline the cause to which death should he charged statistically. |
| | 22. VIOLENCE: If death was due to external causes, fill in the following; |
| (Burial, cremation, or removal, Which?) Date thereof. Date (month) (day) (year) | Accident, suicide, or homicide |
| (Burial, cremation, or removal. Which?) (month) (day) (year) | |
| Cemetery or crematory At Carted Land | Where did injury occur? |
| Black man 22 d | Injured at home, farm, Industry, public place (where?) |
| 21 | Means of injury injured at work? |
| 18. Funeral director | Music of injury |
| Address Charlen That | 6. PH. / 2 A |
| AUDITOS VILLETIAL CONTRACTOR Y | 23. SIGNATURE. |
| " Hee 20 to leskucher | B1 71 2 10 12/29/11 |
| 19. (Date rec'd by regisfrar) Registrar | Addrass Date signed |



ARGIN RESERVED FOR BINDING

SA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimor

| 1050 | |
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| | (950) |

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| CERTIFICATE OF I | DE.A | TH |
|------------------|------|----|
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Reg. Diat. No.

| 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASE (For newborn infants give residence of mother) | | |)F DECEASED: | | | |
|--|--------------------------|---------------|---|--|---|---|
| 0. | ounty Catonsville | | State Maryland Co | ounty | | |
| City or town(If | outside city or town lis | mits, write | RURAL and give nearest town) | D-1+imama | | |
| How tong in above place | e ot death? | | *************************************** | (If outside city or town iimi | ts, write RURAL and give ne | arest town) |
| Hospital, institution, or | street address where o | leath occurre | | Street No. 1403 John s | treet | |
| | Recedo K | noll | ••••• | | e LOCATION) | ********************* |
| How long in hospital o | r Institution? | | >>>>++++++++++++++++++++++++++++++++++ | 2.(a) If veteran, name war | ••••••• | |
| 3. (a) FULL NAM | | | | | 3. (b) Social Security | Number |
| 0. (u) 1022 mm | | A ITELIATE | THE DIDDOWS | | J. (b) Social Security | 14mmer |
| 4. Sex | NARI U | | RINE BURROWS | | 1 | |
| | | | | | ERTIFICATION | +7 |
| Female | White | | Single | 20, DATE OF DEATH Dec. 24 | 19.46 | ZP |
| 6 (b) Name of husband | or wife | - | | 21. I CERTIFY that death occurred on the date at | bove stated; that I affended dece | eased from |
| The state of the s | | | | acquel 19 | 45 10 De 24 | 1976 |
| 7. Birth date of | | | (c) If alive, give ageyears | and thaf I last saw h. S. alive on | ~ 10, | 19 44 |
| deceased (mo., day, | yr.) April | 24, | | Immediate cause of death | | |
| 8. AGE: Year | s Months | Days | It less than one day | | | 0 |
| 85 | 8 | - | hrs min. | alleno De | elevris | dougs |
| | Richmond, | Va | | 0. | | Man. |
| | (Town, | county, and | atate) | June 10. | ence hear | 170 |
| th Heust accumation | At hom | e | · · | 0 | | 1/5 |
| | | | | Due to | | · · · · · · · · · · · · · · · · · · · |
| 11. Industry or busines | | | | | > • • • • • • • • • • • • • • • • • • • | *************************************** |
| 불 12. Name | harles Bu | TLLOW | <u> </u> | Dther conditions | | • |
| 13. Birthplace | Ireland | | | (Include pregnancy within 8 | | |
| E E | Ann McS | Shane | | | | |
| 14. Maiden name 15. Birthplace | Ireland | 1 | | Major findings of operations | | |
| ∑ 15. Birthplace | -202033 | | | | Dafe of op | |
| 16. Informant | | | | Autopsy results | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| Address | | | | PHYSICIAN: Please underline the cause to w | vhich death should be charged | statistically. |
| Address | 9 | | R 2410.1 | 22. VIOLENCE: If death was due to exfernal ca | iuses, flil in the following; | |
| 17 Buria | , or removal, Which?) | Date the | reof Dec 27, 1946 (month) (day) (year) | Accident, suicide, or homicide | Date of | |
| | Cethe | | (monun) (day) (year) | | | |
| Cemetery or cremate | ory | 2 (2) | | Where did injury occur?(City or town) | | |
| Location September 1 | rederickt | d. Ida | Itembre, pd. | tnjured af home, farm, Industry, public place (| where?) | |
| () | 12.60 | and. | 1 Jan / Jan | Means of Injury | Injured at work? | |
| 18. Funeral directoria | millo | | a Bah | 1. ~ (/ | 111 | , |
| Address// b // | · 1111. Sa | yal | aury Galts, Mi | 23. SIGNATURE CONSILL | Ulmm | |
| a acens | 9 will | | manage day | 105.11 | | or other |
| (Date rec'd by re | gistrar) | | Registrar | Address Cathanile | Date signed. | 726/46 |

Dr. Carl Monmonier Edmondson avenue at Oakdale ave. Cat. 196



| - | 200 | | |
|----|------|---|----|
| 4 | 小的 | 0 | my |
| q. | 1500 | 0 | 4 |

| | / | | | ATE OF DEATH | Reg. Dist. No. | 30/ |
|-------------------------------------|-------------------------------------|--------------|---|---|--------------------------------------|-----------|
| 1. PLACE OF DEATH: Baltimore County | | | d: enue | (If outside city or town limits, write RURAL and give nearest town) 5501 Edmondson avenue (If rural, give LOCATION) 2.(a) It veteran, name war | | est town) |
| 3. (a) FULL NAM | | MAY | BURTON | | 3. (b) Social Security N | umber |
| 4. Sex Female | 5. Color or race white | | le, married, widowed, or divorced Widow | MEDICAL Dec. 4 | CERTIFICATION 19 46 | . 8A |
| 7 Dieth date of | I or wite | 6. | Burton | 21. I CERTIFY that death occurred on the date No. 1. 1 CERTIFY that death occurred on the date rears and that I last saw halive on | above stated; that I attended deceas | 1946 |
| 8. AGE: Year 75 | Months 6 | Days 14 | It less than one dayhrs. | Immedia cause of death | worskage | 2 Jay |
| 10. Usual occupation | Retire ss hn A. Cha Balto. | mberl Md. | ain | Due to | | |
| E | Rebecca | Mitch | ell | (Include pregnancy within | 3 months of death) | |

Balto. Md.

14. Malden nai

Miss Margaret M. Smith

118 W. Mount Royal avenue

Burial

(Burial, cremation, or removat, Which?)

(month) (day) (year)

Mt. Olivet

(Date rec'd by registrar)

23. SIGNATURE.

Means of Injury

Major findings of operations.....

Accident, suicide, or homicide....

Whers did Injury occur?

PHYSICIAN: Please underline the cause to which death should he charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the tollowing:

injured at home, tarm, Jadustry, public place (where?) ...

(City or town)

(County)

Injured at work?

SE PLBA

MARGIN RESERVED FOR BINDING

ect age

of death clearly and information careful

WITH UNF

PLAINLY, vis especially

Dr. James G. Howell 715 Frederick avenue 2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) |
|--|---|
| county Adela Co | State County |
| City of town | |
| you long in above place of death? 2 6 yro | (If outside city or town limits, write RURAL and give nearest town) |
| Hospitat, institution, or street address where dayth occurred: | Street No. |
| | (lf rural, give LOCATION) |
| How long to hospital or institution? | 2.(a) If veteran, name war |
| 3. (a) FÜLL NAME | 3. (b) Social Security Number |
| William Columnol | Carlin |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| m w widowed | 20. DATE DE DEATH. 12- 29 19.46 at 1 45 P. |
| B.(b) Name of husband or wife Inaky of Carlino | 21. I CERTIFY that death occurred on the date above stated; that I aftended deceased from |
| 6.(c) If alive, give ageye | 2-28 1946 10 12-29 1946 and that I tast saw h 1777 allive on 12-28 1946 |
| 7. Birth date of deceased (mo., day, yr.) 200/12/876 | Immediate cause of death DURATION |
| 8. AGE: Years Months Days If less than one day | arteriorleratio Vascular Disease 5 years |
| 70 1 1hrs | nin. Cerebral lusar hage 24 hour |
| 9. Birthplace (Town, Johns, and state) | Due to |
| To Att | |
| 10. Usuat occupation. | Due to |
| 11. Industry or business / and frustant | |
| 12. Name. Collistic Constant | 2 Other conditions & unalysis effet side queux |
| 13. Birthplace | |
| 14. Majden name | (Include pregnancy within 3 months of death) |
| 8 | Major findings of operations. |
| El 15. Birthplace | Bate of op |
| 16. informant cerke t carley | Aotopsy results. Zweek |
| Address 615 Reptare Back | PHYSICIAN: Please ooderlice the caose to which death should be charged statistically. |
| Address 6/2 Text and Tade 1 | 22. VIOLENCE: If death was due to external causes, fill in the following; |
| (Burial, cremation, or removal, Which?) Date thereof (montp) (day) (year) | Accident, suicide, or homicide |
| 1+1-1- 00 | Where did injury occur? |
| Cemetery or crematory | |
| Location | Injured at home, farm, industry, public place (where?) |
| 18. Funeral director of May Mable | Means of injury tnjured at work? |
| Address Catanamilke Mc | 1 6 6 1 41 49 |
| AUDIESS THE MAN AND STATE OF THE STATE OF TH | 23. SIGNATURE Jung 6. M. D. or other |
| 19 Jan 1 19 19 HT Offmill Methy | Tras Address Elliott City My. Date stened 12-29-46 |
| firste rec'd by registrar) | trar Address |

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE

JAN 9 1947 BUREAU V B

PLEASE

VS A16

MARYLAND STATE DEPARTMENT OF HEALTH

| 2411 | N. Cha | rice St., | Baltimo | re (44.8) |
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| CERTIF | | | | |

| 1 | 1 | 7 | 0 | 1 | h |
|---|----|---|---|---|---|
| | J. | | 0 | P | F |

Reg. Dist. No. 330

| I. PLACE OF DEATH: Baltimore County Baltimore City or town Owings Mills (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Reisterstown Rd Owings Mills How long in hospital or institution? | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State |
|--|--|
| 3.(a) FULL NAME Henry Edwin Morrell Coomes | 3. (b) Social Security Number |
| 4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced M | MEDICAL CERTIFICATION 20. DATE OF DEATH / 29 46 19 Al 29 M |
| 6.(b) Name of husband or wife 2eline Post Coomes 7. Birth date of deceased (mo., day, yr.) April 29 1864 | 2t. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19 1 |
| 8. AGE: Years Months Days 11 less than one day | Mycardelis - chrone |
| 9. Birthplace Longmeadow Mass (Town, county, and atate) 10. Usual occupation Retired manufacturer iron gates. 11. Industry or business 12. Name. Oliver B Coomes 13. Birthplace Mass 14. Mattes name. Laura Morrell 15. Birthplace Cincinnati Onio 16. Informant Mabel Louise Lamengo | Due 10. Due 10. Differ conditions Associated and State of Case of State of St |
| Address Owings Mills Md 17. Burial 18. Burial Date thereof (month) (day) (year) 19. Cemetery or crematory 19. Funeral director. Wm Berryman & Sons 19. Address Reisterstown Md 19. Date 19. Elimont Long Island NY 19. Cemetery Mm Berryman & Sons 19. Registerstown Md 19. Date 2. 30-19. 45. Congleters | PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external caoses, fill in the following: Accident, suicide, or homicide |



K. K.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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| 200 | Dist | No. | 0 | Ü | 1 | |

M. D. or other

| CERTIFICAT | E OF DEATH Reg. Dist. No. 3 | 3 |
|--|---|--|
| County | 2. USUAL RESIDENCE (HOME) OF DECEASED: (Forthwoborn infalts give residence of mother) State County County Ward (If obtaide city or town limits, write RURAL NEAR and give town Street No. (If rural give LOCATION) 2(a) IF VETERAN, NAME WAR | No |
| 3. (a) FULL NAME John M. | 3. (b) Social Security Num | mber |
| 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced White Widowed. 6 (b) Name of husband or wife Rebecca. 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days if less than one day 6 (10 wny country, and state) 10. Usual occupation Days of Maintenance 11. Industry or business Country Road Maintenance 12. Name Day es Coopera | | 12 2 M d from 19 19 19 19 12/27/46 |
| 12. Name 12. Name 13. Name 13. Name 13. Birthplace 14. Maiden name 14. Armacosti 15. Birthplace 16. Informant Nas Ruth C. Coopey. Address Paykton Md. 17. Burial, cremation, or removal. Which?) Cemetery a 2. Coopey. Location 27. Kton, Md. R.D. 18. Euperal directory 12. Armacosti. 18. Euperal directory 12. Armacosti. 18. Euperal directory 12. Armacosti. | 22. VIOLENCE: if death was due to external causes, fill in the following: Accident, suicide, or homicide | PHYSICIAN Please underil he cause to wh leath should be harged statisti- ally. State) |

23. SIGNATURE

Address

Registrar

VS A15

Address

Oce 29 1946. (Date rec'd by registrar)

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11791

| . 1 | Dist | N. | 3 | 2 |
|-----|------|----|---|---|
| | | | | |

| 1. PLACE OF DEATH: County City or town. (If outside city or town limits, write RUIAL and give nearest town) How long in above place of death? Mospital, institution, or street address where death occurred: 1. Clarendon are Pikesuille Now long in hospital or institution? | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write KURAL and giffo nearest town) Street No. / 2 (If raral, give LOCATION) 2.(a) If veteran, name war |
|--|---|
| 3.(a) FULL NAME Benjamin Franklin Cove | |
| 4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced | MEDICAL CERTIFICATION 20. DATE OF DEATH 14 December 19, 46, 21, 11:30 P. |
| 8.(b) Name of husband or wife Alice K. Cover 5.(c) If alive, give age 5-9 years 7. Birth date of May 6, 12 2 4 | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Prove 10 19. 46 10. Dec. 14 19. 46 and that I last saw h 1273. alive on Peter 14 18. 46 |
| deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day | Immediate cause of death DURATION |
| 9. Birthplace Baltimos M | Dus to arterioseleracio |
| 10. Usual occupation. Assembler 11. Industry or business Cases for food products | Due to |
| 12. Name Benjamin Franklin Cover 13. Birthplace & altimore, md. | Other conditions Nephritis 2. Diabetts Mellitus (Include pregnancy within 3 months of death) |
| 14. Maiden name Catherine Digoson. 15. Birthplace Baltimore, mid. | (Include pregnancy within 3 months of death) Major findings of operations |
| 16. Informant Wife Mp. Address 1/2 Clarendon ave, Pihewille | Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. |
| 17. BURIAL Date thereof 12.18-1946 (month) (day) (year) | VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide |
| Cometery of crematery Maad LANN CEM. Location MORRIANN MO | Where did injury occur? (City or town) (County) (Stato) Injured al home, farm, industry, public place (where?) |
| 18. Funeral director, WM. J. TICICNER & SONS INC. Address NORTHY PA. AVES. BALTO. 17 MP. | Means of injury Injured at work? |
| 19. Det. 16. 19.46. Que the decide Registrar | 23. SIGNATURE MANY OF PROPERTY OF SIGNATURE |

| CERTIFICA | TE OF DEATH Reg. Dist. No. | |
|--|--|--|
| 1. PLACE OF DEATH: County City or town Carrier (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 2/2/2/5 Hospilal, Institution, or street address where death occurred: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State | |
| How long in hospital or institution? | 2.(a) It veteran, name war. | |
| 3.(a) FULL NAME Mary ANN CVLW | 3. (b) Social Security Number | |
| 4. Sex 5. Color or race 6.(a) Single, married, windwed, or divorced | 20. DATE DE DEATH WELL 12 CRESTON 8:401 | |
| 7. Birth date of deceased (mo., day, yr.) Aug 15-1861 6.(c) It alive, give age year 7. Birth date of deceased (mo., day, yr.) | 21.1 CERTIFY that death occurred on the date above stated; that I altended deceased from 19 40 and that I last saw h | |
| 8. AGE: Years Months Days It less than one day | Thouchopnemana 24h Miteriorderdie Heart 1415 Disease, | |
| 11. Industry or business 12. Name | Diper conditions of the conditions of operations within 3 months of death) Major findings of operations. | |
| 16. Informant | Date of op | |
| Location Hickory Md 18. Funeral director Suan & Falar Address Belan, mod | Injured at home, tarm, industry, public place (where?) Means of Injury Injured at work? 23 SIGNATURE M. D. COURTY) (Cuty or town) (County) (County) | |
| 19. Oate ree'd by registrar) 19. 46 Registra | Address Address Date signed 2714 | |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: placed write the course of Anoth classic and it is especially important. MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 162-8)

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| leg. | Diat | N. | 0 | | <u> </u> | 0/ | |

| | | | CERTIFICAT | Reg. Diat. No. | | |
|---|------------------|-------|---|---|--|--|
| 1. PLACE OF DE | | more | | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) | | |
| City or town | | | | State New Jersey County | | |
| How long in above place of death? | | | | City or town At lant in City or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) | | |
| How long In hospital or | Institution? | | - | 2.(a) If yeleran, name war. | | |
| 3. (a) FULL NAM | | 0204 | T Carminas | 3. (b) Social Security Number | | |
| 4. Sex | 5. Color or race | 19.18 | J. Cummings married, widowed, or divorced | | | |
| Female | White | | ingle | MEDICAL CERTIFICATION DECEMber 5 19 46 21 2 Bh | | |
| B.(b) Name of husband or wife S.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) | | | pr en en en | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 46 | | |
| 8. AGE: Years | Months | Days | If less than one day | Immediate cause of death OURATION | | |
| About 8 | 5 | | | | | |
| 9. Birthplace | | | | Oue to | | |
| 10. Usual occupation | | | | Due to | | |
| 11. Industry or busines 12. Name | | mings | | Other condillons | | |
| ne! | Ellen E. | | an | (Include pregnancy within 3 months of death) Major findings of operations. | | |
| ≥ 15. Birthplace | Maryland | | | Date of op. | | |
| 16. Informant Mrs. Phylis C. Mahoney Address 1402 Park Ave. | | | | Autopsy results | | |
| Address | 1402 Par | K Ave | • | 22. VIOLENCE: If death was due to external causes, fill in the following: | | |
| 17Bur.ial Oate thereof 12/7/46 (Burial, cremation, or removal, Which?) | | | | Accident, suicide, or homicide | | |
| Cemeter for New Cathedral | | | dral | Where did injury occur? | | |
| Location Baltimore | | | | Injured at home, farm, ladustry, public place (where?) | | |
| 18. Funeral director 16. No. Mearles and Son | | | | Means of Injury Injured at work? | | |
| Address 805 N. Celvert St. | | | | 23. SIGNATURE Tharles V. Joes borroug M. W. | | |
| 19. / 2- (Date rec'd by re | gistrar) 19 46 | 1 | Registrar | Address 293 / Taul / Date signed /2/2/46 | | |

Address 2623

2411 N. Charles St., Baltimore (83-d)

11794

M. D. or other

| ' / | CERTIFICAT | E OF DEATH Reg. Dist. No | 38 |
|--|-----------------------------------|--|--|
| 1. PLACE OF DEATH: County City or town (If outside city or town limits, write RU Street address, hospital, or institution: Stay in hospital or inst. (yrs., or mos., or days) Stay in this community (yrs., or mos., or days) | JRAL NEAR and give town) | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County Wa (If outside city or town limits, write RURAL NEAR and give Street No. (If rural give LOCATION) 2(a) IF YETERAN, NAME WAR | rd Notown) |
| 3. (a) FULL NAME | ma Jan | e leussan 3. (b) Social Security | Number |
| B (b) Name of bushand or 15. Color or race 6.(a) single B (b) Name of bushand or 15. Color or race 6.(a) single 1. Birth date of 6.(a) single 1. Birth date of 6.(c) If all | ve, give ageyears | MEDICAL CERTIFICATION 20. DATE OF DEATH Downless 1946 21. I CERTIFY that death occurred on the date above stated; that I attended deceand that I tast saw heap alive on Downless 1937. | ased from |
| deceased (mo., day, yr.) 8. AGE: Years Months Days | If less than one day | Immediate cause of death Right Introduced the state of t | OURATION 3 6 Rouse |
| 9. Birthplace (Town, county, and | state | Due to Carter Due to Charles | 10 year |
| 12. Name Charles Mc | hill | Other conditions Permi come annua | Ryun |
| 14. Malden name Parie Olivania 15. Birthplace Physical State 18. Informant Shares A | rien 195 usan | (Include pregnancy within 3 months of desth) Major findings: Of operations Of autopsy | PHYStCIAN Please underline the cause to which death should be charged statisti- cally. |
| Address 17. Date ther (Burlal, cremation, or remaya). Which | reof 4 194 month) (day) (year) | 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide | |
| Location — Company of Forms Location — Company of Forms 18. Funeral director | dy | Where did injury occur?(City or town) (County) Injured at home, farm, industry, public place (where?) Means of injury injured at work? | (State) |
| 3800 /80/ | 7: 100 Sk | 0.0 | |

A Hedrick Registrar

V\$ A15

(Date yee'd by registrar)

The

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

2411 N. Charles St., Baltimore 953 CERTIFICATE OF DEATH



| CERTIFIC | Reg. Dist. No. |
|--|--|
| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: |
| County & Gultumore | (For newborn infants give residence of mother) |
| 1 Police ill Good | State County |
| (If outside city or town limits, write RUKAL and give nearest town) | - 13altimore |
| ow long in above place of death? | (If outside city or town limits, write RURAL and give nearest town) |
| ospital, institution, or street address where death occurred: | & Street No. 3/8 Conquesta Core |
| Masonic Heme, Cicleysorlle | (If poral, give LOCATION) |
| ow long in hospital or institution? | 2.(a) If veteran, name war |
| (a) FULL NAME | 3. (b) Social Security Number |
| mis Ella Puuline Dor | 3. (b) Botal Betury Humber |
| . Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| to e Mit In'l | A 15 11 CSP |
| emale valle vidor | 20, DATE OF DEATH THE 19 Ha 21 7 10 |
| (b) Name of husband or wife Marcellus Mitchell the | 21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from |
| (| July 24 10 46 10 Dec 15 10 41 |
| 8.(c) If allre, give age | years and that I tast saw if At alive on Dec 15th 19 4 |
| Birth date of deceased (mo., day, yr.) Obsil 6 th - 1864 | |
| AGE: Years Months Days If less than one day | Immediate cases of death |
| | |
| 82 8 9hrs. | min. Carchae Decempensation 3 day |
| Reltimore Ind | Bue to. |
| (Town, county, and state) | WW 15 |
| Usual occupation Reg. Aural | St. 11 OCATOLICA LA COMO |
| usual occupandi | Due to Due to Strain St |
| Industry or business | |
| 12. Name Jeinry Vaughan | Other conditions |
| 13. Birthplace St. Maris Co. | |
| 13. Birtingiace Off. Influence Off | (Include pregnancy within 8 months of death) |
| 14. Maiden name Elizabeth Moterto | |
| 15 Blother 13 Altin | Major findings of operations. |
| 15. Birthplace / Sallimore / Dan | Date of op. |
| informant Lauru Mr. Schwedel | Antopsy resofts |
| Quil in all Production | PHYSICIAN: Please underline the cause to which death should be charged statistically. |
| Address of armic Jame, Chuyene | 22. VIOLENCE: If death was due to external causes, fill in the following: |
| Toureal Date thereof MC/18-4 | |
| Burlal, cremation, or removal. Which?) Date thereof MC (month) (day) (year |) Accident, survive, or nonnetice |
| emetery or crematory. Essent a radigle | Where did injury occur? |
| ocation # 25-0 | Injured at home, farm, industry, public place (where?) |
| 946 0 0 | Means of injury injured at work? |
| Funeral director Home COUR | |
| Address St. Paul & Preston St. | Mart y w. a. a. |
| ABBIESS VI OULL TO THE PARTY OF | 23. SIGNATURE & COLLUNIA VI MELO M. L.T. |
| Her 17 10 46 L. M. Schools | M. D. or other |
| (Date rec'd by registrar) Regi | istrar Address reserve the Date signed 12/15/4 |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

9-45-15M

VS A15



A15 VS

MARYLAND STATE DEPARTMENT OF HEALTH

| 2411 | N. C | Charles | St., B | altin | ore | 36) | |
|-------|------|---------|--------|-------|-----|-----|---|
| CERTI | FIC | CATI | O | FI | DE | AT | Н |



| • / ^ | |
|--|--|
| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) |
| County City or fown Durau | State County |
| (If outside city or town limits, write RURAL and give nearest town) | City or town |
| How long in above place of death? | Sireet No. 6907 Dunnan way |
| | (If rural, give LOCATION) |
| How long in hospital or institution? | 2.(a) If veteran, name war |
| 3. (a) FULL NAME Enma C Hoppenbe | ng Dreisbach 3. (b) Social Security Number |
| 4. Sex 5. Color or race 6.(a) Single, married, with owed or divorced | MEDICAL CERTIFICATION |
| F. While wordow | 20. DATE OF DEATH Dec. 19 - 1946 21/1-P. M |
| Same Dage Suite | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from |
| 6.(b) Name of husband or wife. On the land of husband or wife. On the land of husband or wife. | Octobe 1946 to Dec. 1946 |
| 7. Birth date of C7/ | and that Last saw h. ev alive on De c. 9 18 46. |
| deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day | Immediate cause of death DURATION |
| 5 14min. | January January 2718 |
| 00. | The first of the f |
| 9. Birthplace | DIE 10. |
| 10. Usual occupation. at Score | Due to. |
| 11, Industry or business | JUE 10. |
| | Other conditions |
| Z 13. Birthplice Qe | (Include pregnancy within 3 months of death) |
| 14. Maiden name Pauline Smatthes | |
| 14. Maiden name Pauline Smatthes 15. Birthplace Ger | Major findings of operations |
| 16. Informant 1 Lubert P Dratsbuch | Autorsy results. |
| Address 6907 Dunnanway | PHYSICIAN: Please underline the cause to which death should be charged statistically. |
| C + D-21/11/ | 22. VIOLENCE: If death was due to exfernal causes, fill in the following; |
| (Burial, cremation, or remove). Which?) Date thereof (month) (day) (year) | Accident, suicide, or homicide |
| Cemetery or crematory dark | Where did injury occur? (City or toyh) (State) |
| Location Ballo Md | Injured at home, farm, industry, public place (where?) |
| 18. Funeral director Welch Funeral Home | Mesns of Injury Injured at work? |
| Address 2008 Orleans St. | M/9 wavro ma. |
| 10. 21 W Questa Decid | 23. SIGNATURE M. D. or other |
| 19. (Date rec'd by registrar) Registrar | Address Date signed X 1/4 C |

MARGIN RESERVED FOR BINDING

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 832

CERTIFICATE OF DEATH

| 1. PLACE OF DEATH County | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) |
|--|--|
| Deen Sala. | State Mil: County Balto. |
| Cilf or town(If outside city or town limits, write RURAL and give nearest town) | City or town December |
| How long in above place of death? | (If outside city or town limits, write RURAL and give nearest town) |
| Hospital, institution, or street address where death occurred: | Street No. 6806 Duntar FR |
| How tong in hospital or institution? | (If rural, give LOCATION) 2.(a) If veleran, name war |
| 3. (a) FULL NAME | 3. (b) Social Security Number |
| Elisha Youle E | bersole. |
| 4. Sex 5. Color or tace 6.(α) Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| male While Promes. | 20, DATE OF DEATH DOC 6 1946 at 3P.1 |
| alica B. Ekenarle | 21. I CERTIFY that death occurred on the date above etated; that I attended deceased from |
| 6.(b) Name of husband or wife WWB W. CO-CORD-CE | Dec 6 19 4 6 10 Dec 6 19 46 |
| 7. Birth date of Mach 5/19/14 | and that I last eaw halive on |
| deceased (mo., day, yr.) | Immediais cause of death |
| 8. AGE: Yeare Months Daye If less than one day | J |
| 82 /hrsmin. | Coerebrof Homoslage "ne" |
| 9. Birthplace | Due to |
| 10. Usual occupation. Returned | |
| | Due to |
| 11. Industry or business | |
| # 12. Name | Other conditions |
| 13. Birthplace Callyne Co. | (Include pregnancy within 3 months of death) |
| 日 14. Maiden name | Major findings of operatious. |
| 14. Maiden name. | Date of op. |
| Mrs. Va. Bake | Autopsy results. |
| 16. Informant 12.00 1 Second S | PHYSICIAN: Please underline the cause to which death should be charged statistically. |
| Address & Selmins Port Dundsla | 22. VIOLENCE: If death was due to external causes, fill in the following: |
| 17 | Accident, suicide, or homicide |
| WIT III AM | Where did tours occur? |
| Cemetery or crematory | |
| Location Theleand, alle, Go, Ma | Injured at home, farm, industry, public place (where?) |
| 18. Funeral director Roland L. Fisher | Meene of Injury Injured at work? |
| Address 2112 Dundalk are. | (Muha ha |
| In I I I I O O | 23. SIGNATURE. |
| (Date registrar) | Address N Date eigned 1 34 1 2 2 |
| (Date to dray togisters) | كالمركاء المراكم المركاء المنظم المنظم المنظم المراج والمنطلقان والمراجات المنظم المنظ |



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 120.8

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| Second County Second Count | | | | CERTIFICA | IE OF DEATH BE | Reg. Diat. No | |
|--|---------------------------------|--|---|--|--|-----------------------------------|----------------------|
| tow tow. Fort Howard, Maryland two tops in above place of death? 2 days State No. 612 Soott Street (If casting city or sown limits, write RUNAL and give nearest town) Steet No. 612 Soott Street (If casting city or sown limits, write RUNAL and give nearest town) Steet No. 612 Soott Street (If casting city or sown limits, write RUNAL and give nearest town) Steet No. 612 Soott Street (If casting city or sown limits, write RUNAL and give nearest town) Steet No. 612 Soott Street (If casting city or sown limits, write RUNAL and give nearest town) Steet No. 612 Soott Street (If casting city or sown limits, write RUNAL and give nearest town) Steet No. 612 Soott Street (If casting city or sown limits, write RUNAL and give nearest town) Steet No. 612 Soott Street (If casting city or sown limits, write RUNAL and give nearest town) Steet No. 612 Soott Street (If casting city or sown limits, write RUNAL and give nearest town) Steet No. 612 Soott Street (If casting city or sown limits, write RUNAL and give nearest town) Steet No. 612 Soott Street (If casting city or sown limits, write RUNAL and give nearest town) Steet No. 612 Soott Street (If casting city or sown limits, write RUNAL and give nearest town) Steet No. 612 Soott Street (If casting city or sown limits, write RUNAL and give nearest town) Steet No. 612 Soott Street (If casting city or sown limits, write RUNAL and give nearest town) Steet No. 612 Soott Street (If casting city or sown limits, write RUNAL and give nearest town) Steet No. 612 Soott Street (If casting city or sown limits, write RUNAL and give nearest town) Steet No. 612 Soott Street (If casting city or sown limits (If casting city or sown limi | 1. PLACE OF DE | ATH: | | | 2. USUAL RESIDENCE (HOME) OF I | DECEASED: | |
| GEORGE JOHN ERBE 6. Say Male White Divorced 8. (a) Single, married, widowed, or divorced Male White Divorced 8. (b) Hame of husband or wife B. (c) H | City or town | t Howard, outside city or town e of death? 2 d r street address where Hosp. Ft | Marylan limits, write RUI ays death occurred: • Howard, | d (AL and give nearest town) Maryland | City or town CIf outside city or town limits, v Street No. 612 Scott Street (If rural, give LC | write RURAL and give near | rest town) |
| Male White Divorced a. (a) Name of husband or wife. Divorced b. (c) Haller wife Divorced a. (b) Hame of husband or wife. Divorced b. (c) It alive, give age years deceased (no. 497, yr.) December 1, 1896 b. (c) It alive, give age years deceased (no. 497, yr.) December 1, 1896 b. (c) It alive, give age years deceased (no. 497, yr.) December 1, 1896 b. (c) It alive, give age years deceased (no. 497, yr.) December 1, 1896 b. (c) It alive, give age years deceased (no. 497, yr.) December 1, 1896 b. (c) It alive, give age years deceased (no. 497, yr.) December 1, 1896 b. (c) It alive, give age years deceased (no. 497, yr.) December 1, 1896 b. (c) It alive, give age years deceased (no. 497, yr.) December 1, 1896 b. (c) It alive, give age years deceased (no. 497, yr.) December 1, 1896 b. (c) It alive, give age years deceased (no. 497, yr.) December 1, 1896 b. (c) It alive, give age years deceased (no. 497, yr.) December 1, 1896 b. (c) It alive, give age years deceased (no. 497, yr.) December 1, 1896 b. (c) It alive, give age years deceased (no. 497, yr.) December 1, 1896 b. (c) It alive, give age years deceased (no. 497, yr.) December 1, 1896 b. (c) It alive, give age years deceased (no. 497, yr.) December 1, 1896 b. (c) It alive, give age years deceased (no. 497, yr.) And that I lata ask in a late of the date above at late above at late of the date above at late of the date above at late above at late of the date above at late | | | | | | 3. (b) Social Security N | lumber |
| Male White Divorced 6.(6) Name of hurband or wife Divorced 6.(6) Name of hurband or wife Divorced 7. Sirih date of deceased (mo. day, yr.) December 1, 1896 8. AGE: Years Meatha Days If less than one day 50 0 12 hr2. min 9. Birthplace. Baltimore, Maryland (Town, county, and state) 10. Usual occupation. Painter 11. Industry or business 12. It. Maiden name Marie Fluegel (string) and state of the string) and state of the string of operation. Money (include prognancy within 3 months of death) 11. Burial (String) are for thousand. Maryland 12. Volence: If death was due to esternal causes, till in the following: Money (Country) (State) 13. Funeral director. Ell Sworth Armacost Modern and for the date above astatic time. It all the date above as static cally. The state of the date above as static destination. The state of the date above astatic time. It all the state above as a state that I attended deceased from December 13. 12. 46. 13. Intensity that death occurred on the date above astatic; that I attended deceased from December 13. 12. 46. 13. 1cERIFY that death occurred on the date above astatic; that I attended deceased from December 13. 12. 46. 11. Intensity of the death occurred on the date above astatic; that I attended deceased from December 13. 12. 46. 11. Intensity of the death occurred on the date above astatic; that I attended deceased from December 13. 12. 46. 11. Intensity of the death occurred on the date above astatic; that I attended deceased from December 13. 12. 46. 11. Intensity of the death occurred on the date above astatic; that I attended deceased from December 13. 12. 46. 11. Intensity of the death occurred on the date above astatic; that I attended deceased from December 13. 12. 46. 11. Intensity of the death occurred onth in an intensity and that I attended deceased from December 12. | | | | parried, widowed, or divorced | MEDICAL CER | TIFICATION | |
| S. (b) Name of husband or wife Divorced 1. Birth date of deceased (mo., day, yr.) December 1, 1896 8. AGE: Years Months Days If less than one day 50 0 12 min. 8. Birthplace Baltimore, Maryland (Town, ecunty, and state) 10. Usual occupation Painter 11. Industry or business 12. Name. George Erbe Diber conditions None 13. Birthplace Germany 14. Maiden and Marie Fluegel Major findings of operations Mappen (Include pregnancy within a month of death) 15. Birthplace Germany 16. Informant Clinical Records, Vets. Adm. Hosp. Address Fort Howard, Maryland 17. Burial (Burial, cremetion, or removal, Which) 18. Funeral director Ellsworth Armacost Mdress Soll Liberty Heights Ave. Balto.Md. Major other West of the street of the date above attest; that lattended deceased from December 13. 1s. 46. (no. December 13. not don't have a death to come death the possion of Vessels in Mucosa of Small late and have a death to come death the Prosion of Vessels in Mucosa of Small Intestine; Severe Hemorrhage Example on December 13. In detail to the strength of the prosion of Vessels in Mucosa of Small late and have a death to come death the prosion of Vessels in Mucosa of Small late and have a death to come death the prosion of Vessels in Mucosa of Small late and have a death to come death the prosion of Vessels in Mucosa of Small late and have a death to come death the prosion of Vessels in Mucosa of Small late and have a death to come death the prosion of Vessels in Mucosa of Small late and have a death to come death the prosion of Vessels in Mucosa of Small late and have a death the prosion of Vessels in Mucosa of Small late and have a deat | | | | | | | 1.53 (0.57) |
| S. (b) Name of husband or wife Divorced 1. Birth date of deceased (mo., day, yr.) December 1, 1896 8. AGE: Years Months Days If less than one day 50 0 12 min. 8. Birthplace Baltimore, Maryland (Town, ecunty, and state) 10. Usual occupation Painter 11. Industry or business 12. Name. George Erbe Diber conditions None 13. Birthplace Germany 14. Maiden and Marie Fluegel Major findings of operations Mappen (Include pregnancy within a month of death) 15. Birthplace Germany 16. Informant Clinical Records, Vets. Adm. Hosp. Address Fort Howard, Maryland 17. Burial (Burial, cremetion, or removal, Which) 18. Funeral director Ellsworth Armacost Mdress Soll Liberty Heights Ave. Balto.Md. Major other West of the street of the date above attest; that lattended deceased from December 13. 1s. 46. (no. December 13. not don't have a death to come death the possion of Vessels in Mucosa of Small late and have a death to come death the Prosion of Vessels in Mucosa of Small Intestine; Severe Hemorrhage Example on December 13. In detail to the strength of the prosion of Vessels in Mucosa of Small late and have a death to come death the prosion of Vessels in Mucosa of Small late and have a death to come death the prosion of Vessels in Mucosa of Small late and have a death to come death the prosion of Vessels in Mucosa of Small late and have a death to come death the prosion of Vessels in Mucosa of Small late and have a death to come death the prosion of Vessels in Mucosa of Small late and have a death to come death the prosion of Vessels in Mucosa of Small late and have a death the prosion of Vessels in Mucosa of Small late and have a deat | Male | White | Divor | ced | 20. DATE OF DEATH December 13 | 19.46 | 4:10A |
| 8. AGE: Years Montha Days If less than one day 50 0 12 hra. min 9. Birthplace Baltimore, Maryland (Town, county, and state) 10. Usual occupation. Painter 11. Industry or businesa By 12. Name George Erbe 12. Name George Erbe 13. Birthplace Germany 14. Maiden name Marie Fluegel 15. Birthplace Germany 16. Informant Clinical Records, Vets. Adm. Hospa Address Fort Howard, Maryland 17. Burial 18. Burial 19. Date thereof Dec. 7-/9 ### (Insula, cremation, or removal, Which?) Date thereof Dec. 7-/9 ### Cemetery or cremalory. Baltimore National Cemetery. Location 18. Funeral director. Blisworth Armacost Address 3911 Liberty Heights Ave. Balto-Md. Date than one day Brosion of Vessels in Mucosa of Small Intestine; Severe Hemorrhage Exam in gastro-intestinal tract 10. days Small Intestine; Severe Hemorrhage Exam in gastro-intestinal tract 10. days Small Intestine; Severe Hemorrhage Exam in gastro-intestinal tract 10. days Small Intestine; Severe Hemorrhage Exam in gastro-intestinal tract 10. days Small Intestine; Severe Hemorrhage Exam in gastro-intestinal tract 10. days Small Intestine; Severe Hemorrhage Exam in gastro-intestinal tract 10. days Small Intestine; Severe Hemorrhage Exam in gastro-intestinal tract 10. days Small Intestine; Severe Hemorrhage Exam in gastro-intestinal tract 10. days Small Intestine; Severe Hemorrhage Exam in gastro-intestinal tract 10. days Include pregnancy within Smonths of death) Major findings of operations Exploratory Laporotomy Major findings of operations Exploratory Laporotomy Major findings of operations Exploratory Laporotomy Major findings of operations Exploratory Include pregnancy within Smonths of death) Major findings of operations Exploratory Include pregnancy within Smonths of death) Major findings of operations Exploratory Include pregnancy within Smonths of death) Major findings of operations Exploratory Include pregnancy within Smonths of death) Major findings of operations Exploratory Include pregnancy within Smonths of death) M | 7. Birth date of | De-11 | 6.(e) t | | 21. I CERTIFY that death occurred on the date above December 11, 19.44 and that I last asw h im alive on Decem | 6to December ber 13 | 13 19 46 |
| 50 0 12 hr2 min. Small Intestine; Severe Hemorrhage Execution Severe Hemorrhage Due to. Unclude pregnancy within 3 months of death) Major findings of operations Exploratory Laporotomy. Gate of op. 12-12-46 Autopsy results. Substantiated above. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide. Gate of op. 12-12-46 Autopsy results. Substantiated above. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide. Gate of op. 12-12-46 Accident, suicide, or homicide. Gate of op. 12-12-46 Accident, suicide, or homicide. Gate of op. 12-12-46 Accident, suicide, or homicide. Several Hemorrhage Unclass of control of the cause to which death should be charged statistically. Accident, suicide, or homicide. Gate of op. 12-12-46 Accident, suicide, or homicide. G | | | | | | | DURATION |
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| 10. Usual occupation. Painter 11. Industry or businessa 12. Name. George Erbe | | | | | Small Intestine: Sever | · Hemorrhage | ******************** |
| 12. Name George Erbe Diter conditions None | 10. Usual occupation. | Painter | , eounty, and sta | te) | Due to | | 10 days |
| 14. Maiden name. Marie Fluegel 15. Birthplace 16. Informant Clinical Records, Vets. Adm. Hosp. National Records, Vets. Adm. Hosp. Address Fort Howard, Maryland National Records National | | | | | 1) | | |
| 14. Maiden name. Marie Fluegel 15. Birthplace 16. Informant Clinical Records, Vets. Adm. Hosp. Address Fort Howard, Maryland 17. Burial (Burial, cremution, or removal, Which?) Cemetery or cremalory. Baltimore. National Cemetery. Location 5501 Frederick Ave. Location 18. Funeral director. Ellsworth Armacost Address 3911 Liberty Heights Ave. Balto.Md. Address 3911 Liberty Heights Ave. Balto.Md. Address M. D. or other | | | | | (Include pregnancy within 8 mor | nths of death) | |
| Address Fort Howard, Maryland 17. Burial Date thereof Dec 17-1946 (Burial, cremution, or removal, Which?) Cemetery or cremalory Baltimore National Cometery Location Stoll Frederick Ave. Location Location Ellsworth Armacost Address 3911 Liberty Heights Ave. Balto.Md. Autopsy results. Substantiated above PHYSICIAN: Please underline the cause to which death should be charged statistically. Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Meana of injury Injured at work? The County Dec 18 of Co | 14. Maiden name | | egel | | Major findings of operations Explorator | y Laperotomy | 2-12-46 |
| Date thereof. Dec. (month) (day) (year) Cemetery or crematory. Baltimore. National Cemetery. Location. 5501 Frederick Ave. Location. 611 Sworth Armacost Address 3911 Liberty Heights Ave. Balto.Md. Accident, suicide, or homicide | 16. Informant Cli | | | | Autopsy resultsSubstantiated PHYSICIAN: Please underline the cause to which | above h death should be charged s | |
| 18. Funeral director. Ellsworth Armacost Address 3911 Liberty Heights Ave. Balto.Md. Address Address Ave. Balto.Md. | 17 Burial (Burial, cremution | n, or removal. Which | Date thereof. | Dec 17-1946 (month) (day) (year) | Accident, suicide, or homicide | Date of | |
| 18. Funeral director. Ellsworth Armacost Address 3911 Liberty Heights Ave. Balto.Md. Address Address Ave. Balto.Md. | Cemetery or cremal | ory Baltimo | re Natio | nal Cemetery | Where did Injury occur?(City or town) | (County) | (State) |
| Address 3911 Liberty Heights Ave. Balto.Md. Address 3911 Liberty Heights Ave. Balto.Md. Collison, M.D. CLIN.DIR. M.D. or other M.D. or other Collison Coll | Location | Ellauro | the live | nacost | Injured at home, farm, industry, public place (where | re?) | |
| Address 3911 liberty Heights Ave. Balto.Md. 22 Strature R. M. CULLISON, M.D. CLIN.DIR. M.D. or other | 18. Funeral director | Ellsworth | Armacos | K | | O | |
| | Address 3911 | Liberty H | eights A | ve. Balto.Md. | SIGNATURE R. M. CULLISON. | M.D. CLIN.DI | R. |
| | 19. (Date rec'd by re | -/ C 9 | م ط | Registrar | Address VAH FT. HOWARD, MD. | | |

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

ASE SA

PLE

CERTIFICATE OF DEATH

(If outside city or town limits, write RURAL and give nearest town) Life

Hospital, Institution, or street address where death occurred:

3. (a) FULL NAME

on carefully clearly and

information of death cle

causes

WITH UNI

PLAINLY

WRITE

BINDING

MARGIN RESERVED

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Baltimore

City or town. Woodlawn Md.

Street No 6830 Windsor Mill Road (If rural, give LOCATION)

MEDICAL CERTIFICATION

20. DATE DE DEATH December 9 19.4.6 all: OSAM M

NO

3. (b) Social Security Number

Herman John Fenker 6.(a) Single, married, widowed, or divorced 4. Sax White Widowed Male 6.(b) Name of husband or wife. Annie E. Fenker

. 6.(c) If alive, give ageyears 7. Birth date of deceased (mo., day, yr.) September 16.1876

It less than one day Days 8. AGE:

22 70hrs.

Baltimore Maryland
(Town, county, and state)

Whole Sale Ice. 1ft. Usual occupation....

Oun Business 11. Industry or business

12. Name Ludwig Fenker

12. Name...... Germany

14. Maiden nam 15. Birthplace 14. Maiden name Helens Shluter

Germany 16 Informant Harry Fenker

6830 Windsor Mill Road

Burial (Burial, cremation, or removal. Which?) Date thereof 12/11/46 (month) (day) (year)

Cemetery or crematory Loudon Park

Baltimore

18. Funeral director George W. Little

2700 Edmondson Ave.

Moons of Injury

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

DURATION

(Include pregnancy within 3 months of death)

PHYSICIAN: Please underline the cause to which death should be charged statistically

22. VIOLENCE: If death was due to external causes, fill in the tollowing:

Accident, suicide, or homicide..... Where dld injury occur?

(City or town) (County) (State)

Injured at home, farm, Industry, public place (where?)

(Date rec'd hy registrar)

Registrar

DEC 10 1946
BUREAU V B.

e enriect age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

| | 11200044 |
|---|--------------------------------|
| # | 11800351 Reg. Dist. No. 351 |

| 1. PLACE OF DEATH; Coupy Baltimore | | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) | | |
|--|---------------------------|---|---|---|
| Zity or tewn. TOWSON (If outside city or town limits, write RURAL and give nearest town) | | State Maryland County Baltimore | | |
| (I | If outside city or town i | mits, write RURAL and give nearest town) | | |
| How long in above pla | ace of death? | f'e | City or town | |
| | or street address where | | | enue |
| | - | ue | (If rural, give | 1786 |
| | | | 2.(a) If veteran, name warNone | |
| 3. (a) FULL NA | | N HOWARD FLAYHART | | 3. (b) Social Security Number |
| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced | MEDICAL CE | ERTIFICATION |
| Male | White | Married | 20. DATE OF DEATH December 2, | 1946 at 5:15A. m |
| R.(b) Name of husba | nd or wife Elva ! | May Flayhart | 21 I CEPTIEV that death assured as the date about | we stated: that I attended deseased from. |
| | | | Nov. 2/2/ | 46, to 19.46 |
| 7 Right date of | | | and that I last saw h | V 28 ¹ 19.45 |
| | y, yr.) Novembe: | | Immediate cause of death | |
| 01 11021 | ars Months | Bays tt tess than one day | | 2 |
| 67 | | 20hrsmin. | Goronary Th | romboses sneme |
| 9 Rirthnlace | lowson, Bal | to. Co., Md. | <i>j</i> | |
| | | | Due to Jolens aller | 250 8/10 |
| 10. Usual occupation | Retire | 1 | | |
| 11. Industry or busin | ess Gas and I | Electric Co. | Due to. | , |
| | | ward Flayhart | Other conditions Cyles Ske | Antaliera. |
| El | | | Other conditions | |
| ≦ 13. Birthplace | TOWSOI | n, Maryland | (Include pregnancy within 3 m | nonths of desth) |
| 본 14. Maiden nam | e Emma Kroi | ıt. | Major findings of operations | |
| 15. Birthplace | Baltimore, | Maryland | major madings of operations. | |
| 1B. Intermant | Mrs. Elva M | Flayhart | Autopsy results | |
| Addres 503 V | Virginia Ave | Towson Md | PHYSICIAN: Please underline the cause to wh | |
| | | | 22. VIOLENCE: It death was due to external caus | |
| Burial Bate thereot Dec. 4, 1946 (Burial, cremation, or removal, Which?) | | Accident, suicide, or homicide | Date of | |
| | | pect Hill Cemetery | Where did injury occur?(City or town) | (County) (State) |
| Location | A Tows | on, Maryland | tnjured at home, tarm, industry, public place (wh | ere?) |
| 1B. Funeral director | John B | um Som | Means of Injury | Injured at work? |
| Address | Towson. | Maryland // | 1. Davied of | 0/260 \0.00 |
| 0 (/ | | III bill all land | 23. SIGNATURE | M. D. or other |
| 19. | . 3 19.46, | Registrar | Jourson d. 9 | 200 Date signed 12/3/46 |
| (Date rec'd by | registrar) | Registrar Registrar | Address Address | Date Signed |

JAN 1-1947
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MARYLAND

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-2

| 1 | 1 | 80, | 2 | | | |
|---|---|-----|----|---|---|---|
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|---------|------|----|-----|--------------------|
| OFFITTI | CATE | OF | DI | A PRINT |
| CERTIF | | | I H | $\Delta \Box \Box$ |
| | | | | |

| | Reg. Dist. No. |
|--|---|
| 1. PLACE OF DEATH Baltimore County | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) |
| City or town (If outside city or town limits, write RURAL and give nearest town) | state Maryland county Baltimore |
| How long in above place of death? 25 Years Hospital, Institution, or street address where death occurred: | City or town (17 outside city or town limits, write RURAL and give nearest town) 826 Eastern Avenue |
| How long in hospital or institution? | (If rural, give LOCATION) 2.(a) If veteran, name war |
| 3. (a) FULL NAME Mary Forster | 3. (b) Social Security Number None |
| Female 5. Color or race 6.(a)Single, married, widowed, or divorced White Widowed | MEDICAL CERTIFICATION 20. Date of Ocath Dec. 29th, 1946 19 19 19 19 19 19 19 19 19 19 19 19 19 |
| 8.(b) Name of husband or wife George W. Forster S.(c) If allve, give age years T. Birth date of deceased (mo., day, yr.) April 28th, 1870 | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from DEC |
| 8. AGE: Years Months Days If less than one day 1 ################################ | Immediate cause of death Cenehaal VENORALAS & Gago |
| 9. Birthplace Baltimore, Maryland At Home 10. Usual occupation | Oue to Hypentenson year |
| 11. Industry or business 12. Name | Oue to |
| 13. Birthplace Muleyoun. | (Include pregnancy within 8 months of death) |
| 14. Maiden name Auflinour | Major findings of operations. |
| Mrs. Anna May Eiler (Daughter) | Antopsy results |
| Address CES Eastern Avenue, Balto: Co. Md Burial Jan. 2, 1947 (Burial, cremation, or removal, Which?) Cemetery or crematory Holy Redeemer | 22. V10LENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide |
| Belair Road, Balto: Md. | Injured at home, farm, industry, public place (where?) |
| George J. Ruth, Inc. | Means of injury Injured at work? |
| Address 1735 Harford Avanue | 23. SIGNATURE / home /3. / Langley / M.D. or other |
| (Date rec'd by registrar) Registrar | Address BIN Eastern fre Bate stened 12/29/16 |

| TRANSI | T |
|--------|----|
| PERMY | 17 |

MARYLAND STATE DEPARTMENT OF HEALTH

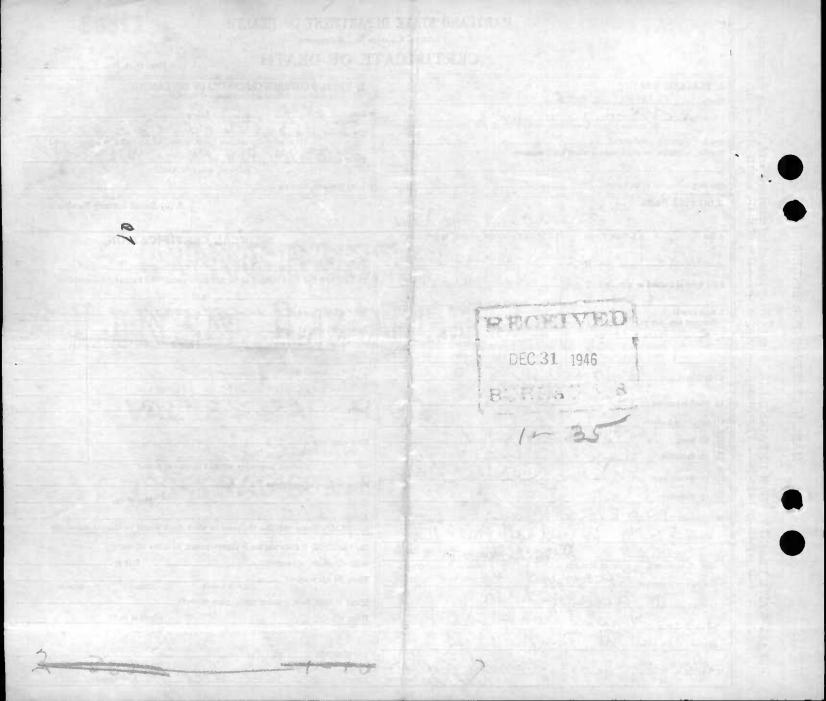
2411 N. Charles St., Baltimore 93-1



11803 Dist. No. 50

| CERTIFICATE OF DE | A | TH |
|-------------------|---|----|
|-------------------|---|----|

| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infinits give residence of mother) | | | |
|--|---|--|--|--|
| County Datumore | Mari | | | |
| (If outside city or town limits, write RURAL and give nearest town) | State County County | | | |
| Now long in above place of death? | (If outside city or town limits, write RURAL and give pearest town) | | | |
| Hospital, Institution, or streel address where death occurred: | Street No. 5 6 7 W WACLOW) Cl. (If rural, give LOCATION) | | | |
| How long in hospital or institution? | 2.(g) It veteran, name war | | | |
| 3. (a) FULL NAME | 3. (b) Social Security Number | | | |
| Rogena Foster | | | | |
| 4. Sez 5. Color or race 6.(a) Single, married, wildowed, or divorced | MEDICAL CERTIFICATION | | | |
| Temas Widow Widow | 20. DATE OF DEATH 12 28 19 46 at 5 A | | | |
| 6.(0) Name of bushand or wife John William Foster | 21. I CERTIFY that death occurred on the date above stated; that I altended deceased from | | | |
| | 12 18 19 6 10 12 28 19 19 | | | |
| 7. Birth date of deceased (mo., day, yr.) Feb 8 - 1868 | and that I last saw h | | | |
| 8. AGE: Years Months Days It less than one day | Immediate cause of death | | | |
| 78 10 20 min. | Santa Marian St. | | | |
| 9. Birthplace alone andrio - Ja: | Due to | | | |
| (Town, county, and state) | arteryselevolic Cudis | | | |
| 1B. Usual occupation. In one accupation | Due to tracular disease | | | |
| 11, Industry or business | | | | |
| 12. Hame 13. K. Ssenlera 13. Birthplace Slap - Vennat | Other conditions | | | |
| | (Include pregnancy within 3 months of death) | | | |
| 14. Malden name Mary Sarker | Major findings of operations. | | | |
| 2 15. Birthplace Jap - Verra | | | | |
| 18. toformant mrs Pleth Quell | Autopsy results | | | |
| Address 5614 Windson Will Col. | PHYSICIAN: Please underline the cause to which death should be charged statistically. | | | |
| 17 Burial Dac 130, Date thereof. 1-46 | 22. VIOLENCE: If death was due to external causes, fill in the following: | | | |
| (Buriai, cremation, or remayal. Which) (month) (day) (year) | Accident, suicide, or homicide, | | | |
| Cemetery or crematory | Where did injury occur? | | | |
| Location Ma Reests or Ja. | injured at bome, tarm, industry, public place (where?) | | | |
| 18. Funeral director, Manua Cook Suffer | Means of Injury Injured at work? | | | |
| Address 1600 W. north auto | Land. Dum | | | |
| Mea 30 - Il Stanish Hullin | 23. SIGNATURE M. D. or other | | | |
| (Date rec'd by registrar) | Address 2062 Mestra Or Date signed 128/46 | | | |



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

| | | | | 1 |
|------|-------|-----|-----|---|
| Reg. | Dist. | No. | 441 | |

| 1. PLACE OF DEATH: County of the County of | | |
|--|--|--|
| Site Double to the Market 40 at the wine tellist, write EURAL and give nearest town) Rev Most in above place of death? Rev Most in boughts or intertainten? 3. (a) FULL NAME 3. (a) FULL NAME 3. (b) Found or vice and deress where death occurred: (b) Found or vice and deress where death occurred: (c) If veteran, name war. 3. (a) FULL NAME 3. (b) Found or vice and store of vice and store of the veteran occurred on the data above stated; that I altered doceased from the vice control of the veteran occurred on the data above stated; that I altered doceased from the vice control of the veteran occurred on the data above stated; that I altered doceased from the vice control of the vice occurred on the data above stated; that I altered doceased from the vice control of the vice occurred on the data above stated; that I altered doceased from the vice control of the vice occurred on the data above stated; that I altered doceased from the vice control of the vice occurred on the data above stated; that I altered to vice control of the vice occurred on the data above stated; that I altered doceased from the vice control of the vice occurred on the data above stated; that I altered doceased from the vice occurred on the data above stated; that I altered doceased from the vice occurred on the data above stated; that I altered doceased from the vice occurred on the data above stated; that I altered doceased from the vice occurred on the data above stated; that I altered doceased from the vice occurred on the data above stated; that I altered doceased from the vice occurred on the data above stated; that I altered doceased from the vice occurred on the data above stated; that I altered doceased from the vice occurred on the data above stated; that I altered doceased from the vice occurred on the data above stated; that I altered doceased from the vice occurred on the data above stated; that I altered doceased from the vice occurred on the data above stated; that I altered doceased from the vice occurred on the data abo | 1. PLACE OF DEATH; | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mether) |
| How fore in above place of death Registral, Institution, or street address where death occurred: Street No. 8. | 7. S. Rust 40 at Chesar Park | -B. 0+ . P.+ |
| Registal, institution, or street address where death occurred: Registal, institution, or street address where death occurred: Registal, institution, or street address where death occurred: Registal, institution, or street address where death occurred: Registal, institution, or street address where death occurred: Registal, institution, or street address where death occurred: Registal, institution, or street address where death occurred: Registal, institution, or street address where death occurred: Registal, institution, or street address where death occurred: Registal, institution, or street address where death occurred: Registal, institution, or street address where death occurred: Registal, institution, or street address where death occurred: Registal, institution, or street address where death occurred: Registal, institution, or street, or street address where death occurred: Registal, institution, or street, or street address where death occurred: Registal, institution, or street, or | | (if outside city or town limits, write RUBAL end give nesrest town) |
| Row loog in hospital or institutions? 3. (a) FULL NAME 4. Sex 5. Color of race 6. (a) Single, married, widewed, or diversed MEDICAL CERTIFICATION MEDICAL CERTIFICATION MEDICAL CERTIFICATION MEDICAL CERTIFICATION 70. DATE of DEATH 20. DATE of DEATH 21. 1 CERTIFY that death occurred on the date above stated; that altered decreased from 18. | | Street No 8 0 5 S. Porsca, St. |
| 3. (a) FULL NAME 4. Set | / | (If rurai, give LOCATION) |
| 4. Sex 3. Color of race 3. C | | |
| 8.(6) Name of hubband or wife | | do |
| 8. (6) Name of hurband or wife 20 all the give age 3 4 years because (no. day, rr.) further 1 the 1 years and that I last saw h alive on 1 the date above stated; that I attended deceased from 18 and that I last saw h alive on 1 the date above stated; that I attended deceased from 18 and that I last saw h alive on 1 the 19 an | | MEDICAL CERTIFICATION |
| 8. (6) Hame of hubband or wife | male that massed | 20. DATE OF DEATH Dec. 25- 1946, at 3149. M |
| 7. Birth date of deceased (mo. day, yr.) Anne 1 th 190 yr. 8. AGE: Years Months Day's Hiss than one day 9. Birthplace Address Anne Surface Address Address Anne Address Anne Address Anne Address Anne Anne Anne Anne Anne Anne Anne A | 6.(b) Name of husband or wife Marky (Gloss) | |
| 8. AGE: Years Months Days Ifless than one day 9. Birthplace Taward Lemma. 10. Usual occupation 11. Industry or business 12. Name. 13. Birthplace 14. Maiden name. 15. Birthplace 16. Informant 17. During 18. Address 4 7 2 Pelagy f. 19. Bate thereof. Allers 2 Autopy results. 11. Buring 12. Company of company occurs and though the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: 18. Funeral director from a company occurs and the following: 18. Funeral director from a company occurs and the following: 18. Funeral director from a company occurs and the following: 18. Funeral director from a company occurs and the following: 18. Funeral director from a company occurs and the following: 18. Funeral director from a company occurs and the following: 19. Address 4 8 Gastern are company occurs and the following: 19. Address 4 8 Gastern are company occurs and the following: 19. Address 4 8 Gastern are company occurs and the following: 19. Address 4 8 Gastern are company occurs and followers: 19. Address 4 8 Gastern are company occurs and followers: 19. Address 4 8 Gastern are company occurs and followers: 19. Address 4 8 Gastern are company occurs and followers: 19. Address 4 8 Gastern are company occurs and followers: 19. Address 4 8 Gastern are company occurs and followers: 19. Address 4 8 Gastern are company occurs and followers: 19. Address 4 8 Gastern are company occurs and followers: 19. Address 4 8 Gastern are company occurs and followers: 19. Address 4 8 Gastern are company occurs and followers: 19. Address 4 8 Gastern are company occurs and followers: 19. Address 4 8 Gastern are company occurs and followers: 19. Address 4 8 Gastern are company occurs and followers: 19. Address 4 8 Gastern are company occurs and followers: 19. Address 4 8 Gastern are company occurs and followers: 19. Address 4 8 Gastern are company occurs and followers: 19. Address 4 8 Gastern are company occurs and follower | 8.(c) If alive, give age 3 4 years | |
| 3. AGE: Tears Months 18 | 7. Birth date of Junes 7th 1907 | |
| 9. Birthplace. Jamel Grown codyty, and state) 10. Usual occupation. Machinest Due to. Jackshift Madulus Stutia Due to. Jackshift Madulus Stutia Due to. Jackshift Madulus Stutia Due to. Due | account (mail and) | Immediate cause of dynth: |
| 9. Birthplace. Tankill Berna . 10. Usual occupation. Practical . 11. Industry or business . 12. Rame. Such . Stell 13. Birthplace . 14. Maiden name. Practical . 15. Birthplace . 16. Informant . 17. Burding . 18. Informant . 19. Location . Tankill . Tuncer Co 19. Location . Tankill . Tuncer Co 19. Address 4 / 8 Costern . 19. Company . 10. Usual occupation 10. Usual occupation 11. Industry or business . 12. Rame 13. Birthplace . 14. Maiden name 15. Birthplace . 16. Informant . 17. Burding . 18. Informant . 19. Location . Tankill . Tuncer Co 19. Location . Tankill . Tuncer Co 19. Address 4 / 8 Costern . 19. Address . 19. Add | 20 / 12 | J. M. Marie Const. |
| 10. Usual occupation 11. Industry or business 12. Name 12. Name 13. Birthplace 14. Maiden name 15. Birthplace 16. Informant 17. Marien 18. Inderend 19. Usual occupation 19. Usual occupation 10. Usual occupation 11. Industry or business 12. Name 13. Birthplace 14. Maiden name 15. Birthplace 16. Informant 17. Descript 18. Informant 19. Usual occupation | 11 11 12 | + Metters up Toras Funda P |
| 10. Usual occupation. 11. Industry or business 21. Name. 22. Name. 23. Birthplace 24. Maiden name. 25. Birthplace 26. Informant. 27. Address 4 7 7 3. Nelly 8 4. 10. Location. 27. Cemetery or crematury. 28. Funeral director. 29. Location. 20. Address 4 18 6 Costan. 20. Converted to the content of the conten | | Due to That with the summer of |
| 11. Industry or business 12. Name 13. Birthplace 14. Maiden name 15. Birthplace 16. Informant 17. Burial 18. Informant 19. Comment 19. Comm | | |
| 12. Name | 13. I (+ 1 | Due to |
| 14. Maiden name 15. Birthplace 16. Informant Address 4 7 7 S. Alleyh St. 17. Burial (Burial, cremetion, or removal. Which?) Cemetery or crematory Location 18. Funeral director Address 4 18 Gostern Address 5 18 Gostern Address 6 18 Gostern Address 6 18 | | |
| 14. Maiden name 15. Birthplace 16. Informant Address 4 7 7 S. Alleyh St. 17. Burial (Burial, cremetion, or removal. Which?) Cemetery or crematory Location 18. Funeral director Address 4 18 Gostern Address 5 18 Gostern Address 6 18 Gostern Address 6 18 | 12. Name. | |
| 16. Informant Michael C., Fearlo Address 4 2 2 . Alloys 8t. 17. Burial (Burial, cremetion, or removal, Which?) Cemetery or crematory A. Condress Location Family Merces Co. Pa. Location Family Meens of Injury Struck by Auto Injured at work? 18. Funeral director Address 4 18 Contains are Every 2 1 29. Signature 20. Injured at work? 20. VIOLENCE: If death was due to externat causes, fill in the following: Accident, suicide, or homicide. | KI 0 1 | |
| 16. Informant Michael C., Fearlo Address 4 2 2 . Alloys 8t. 17. Burial (Burial, cremetion, or removal, Which?) Cemetery or crematory A. Condress Location Family Merces Co. Pa. Location Family Meens of Injury Struck by Auto Injured at work? 18. Funeral director Address 4 18 Contains are Every 2 1 29. Signature 20. Injured at work? 20. VIOLENCE: If death was due to externat causes, fill in the following: Accident, suicide, or homicide. | THE WARRENT WARRENT THE PARTY OF THE PARTY O | Major findings of operations |
| Address 4 7 2 S. Selligh St. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to externat causes, fill in the following: Accident, suicide, or homicide. Accident suicide, or homicide. Acc | 15. Birthplace | Date of op. |
| Address 4 18 Costern are Control of Mennelly 22. VIOLENCE: If death was due to externat causes, fill in the following: Accident, suicide, or homicide. Accid | 16. Informant | |
| 17. Sullial (Burial, cremetion, er removal, Which?) Cemetery or crematory A. Condiens Location Family There Co. Pa. 18. Funeral director Address 4 18 Eastern are Erry 21 Address 4 18 Eastern are Erry 21 23. Signature 23. Signature 24. Condient, suicide, or homicide A. Condient Date of 12-2 J. To. (City or town) (Connty) (State) Injured at home, farm, industry, public place (where?) Address 4 18 Eastern are Erry 21 23. Signature 23. Signature 23. Signature 23. Signature 24. Condient, suicide, or homicide A. Condient Date of 12-2 J. To. (City or town) (Connty) (State) (Connty) (State) Injured at work? IV D. (Connty) (State) Meens of Injury Struck by A. U. Injured at work? IV D. or other J. (Connty) (State) | Address 422 J. Flagh 8t. | |
| Cemetery or crematory of Grands (City or town) Location Family Mere did injury occur Satisfactory (Connty) Location Family Mere did injury occur Satisfactory (Connty) (Connty) (Connty) (Connty) (State) Injured at home, farm, industry, public place (where?) Meens of Injury Struck by Authority Injured at work? Meens of Injury Struck by Authority Injured at work? 23. SIGNATURE 23. SIGNATURE 24. Satur. Satury M. D. or other | 17 Date thereof | 0 1 10 10 10 10 10 10 10 10 10 10 10 10 |
| Cemetery or crematory (City or town) (Connty) (State) Location Famille, muces Co. Pa. Injured at home, farm, industry, public place (where?) Public Place Meens of Injury Struck by Auto Injured at work? // D Address 4 (8) Costern are Erroy 2/ 23. SIGNATURE 23. SIGNATURE Dawn M.D. or other | (Burial, cremetion, er removal. Which?) (menth) (day) (year) | Accident, suicide, or nomicide. |
| 18. Funeral director John G. Connelly Address 4 18 Eastern are. England 23. SIGNATURE. 23. SIGNATURE. 24. Daisy M. D. or other | Cemetery or crematory. At . Unallivo | (City or town) (Connty) (State) |
| Address 4 18 Castern are. Engl 21 23. SIGNATURE. Della Care. Bais M. D. or other J. | Location Fassell, muces Co. Ta. | |
| address 710 35 10 46 John & Connelly 23. SIGNATURE. Med. Claur. Bais M. D. or other | 18. Funeral director John S. Connelly | Meens of Injury STRUCIC by A UTU Injured at work? // U |
| adder to 5 10 46 John & Connelly Nyso. med assaur. Daisy M. B. or other | Address 4/8/ Castern are. Erst 21 | MA DILLIS MS. |
| | 19 Dec, 75 19 46 This & Connelly | Nyst. Med. Exam. Dais M. D. or other |

JAN 4 1947
ROREAU 1 6

2-440-2-10

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

| 34.25 | 11 | 20 | - | 1 |
|-------|--------|-----|-----|---|
| Res | . Diat | No. | 538 | ļ |

| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: |
|--|---|
| County Baltimore | (For newborn infants give residence of mother) |
| Cily or town Tows on 4. Maryland (If outside city or town limits, write RURAL and give nearest town) | State Offarylood County Hasford Co |
| (If outside city or town limits, write RURAL and give nearest town) | City or town Nashington |
| How long In above place of death? | (If outside city or town limits, write RURAL and give nearest town) |
| Hospital, Institution, or street address where death occurred: | Street No. |
| Eudowood Sanatorium, Towson 4, Md. | (If rural, give LOCATION) |
| How long in hospital or institution to 1 2005 15 days | 2.(a) If reteran, name war. |
| 3. (a) FULL NAME | 3. (b) Social Security Number |
| Katherine Refered Sale | |
| 4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| F W married | 20. DATE OF DEATH Dec 29 18.46, 21 730.7 M |
| 8.(b) Nams of husband or wife Daniel Crew Isah | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from |
| | 13 13 13 13 13 13 13 13 13 13 13 13 13 1 |
| 7. 81rth date of Tay 1 1 1 8 8 4 | and that I last saw half alive on All 19 |
| deceased (mo., day, yr.) | Immediate cause of death |
| 8. AGE: Years Months Days It less than one day | Pulmorary Tyberalnis 2/242 |
| 66 9 25min. | |
| Wester Come | Due lo. |
| 9. Birthplace | |
| 10. Usual occupation of fourser fe | |
| | Due to |
| 11. Industry or business | * |
| 12. Name Shu F Sultar 13. 9irthpiace Baltimore Med | Other conditions |
| 13. 9irthplace Baltimore had | (Include pregnancy within 8 months of death) |
| 14. Malden oame Quartha Burkens | |
| Die laster man | Major findings of operations. |
| Personal History - Hospital Records | Dale of op. |
| t6. informant | Actopsy results |
| Address Eudowood Sanatorium, Towson4, Md | PHYSICIAN: Please underline the cause to which death should be charged statistically. |
| 10. 21 1941 | 22. VIOLENCE: If death was due to external causes, fill in the following: |
| (Burial, cremation, or removal, Which?) Date thereof (month) (day) (year) | Accident, suicide, or homicide |
| 10 an linear Con Curan | Where did injury occur? |
| Cemetery on cromotory | |
| Localion Localion | Injured at home, tarm, Industry, public place (where?) |
| to Cailly | Means of Injury Injured at work? |
| 18. Funeral director | 1/1/18 |
| Address Narunglon (1) | 23 SIGNATURE Wally Company |
| Do 20 46 INCORPORTING 15 | M. D. or other |
| (Dats rec'd by registrar) | Address Towson 4, Md. Date signed |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

JAN 7 1947 BUREAU S.

2-380-2-10

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Racin Tay Tabutur 3 E.

PLEASE

VS A15

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11806

| CERTIFICAT | L OI DEATH | Reg. Dist. No |
|--|---|---|
| 1. PLACE OF DEATH: Ballimore | 2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of | F DECEASED: mother) |
| City or town (If outside city or town limits, write RURAL and give nearest town) | State A. Cou | Stoneleich |
| How long in above place of death? Hospitat, institution, or street address where death occurred: ### Address Address where death occurred: | 1110 CHTA | , write RURAL and give nearest town) LOCATION) |
| How long in hospital or institution? | 2.(a) If yeteran, name war | *************************************** |
| 3. (a) FULL NAME aclam J. Geyer | | 3. (b) Social Security Number |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Male white Married | MEDICAL CI | ERTIFICATION 25, 1946 at 6 A. M |
| 8.(b) Name of husband or wite. Alma B. Heyer. | 21. I CERTIFY that death occurred on the date abo | ve stated; that I ettended deceased from |
| 7. Birth date of Ann 12 1991 | | Dec 24 1946. |
| deceased (mo., day, yr.) | Immediate cause of death | 1100 |
| 9. Sirthplace Baltamare Md. | Due to Conquire Carafin | Lucit |
| 10. Usuat occupation | Due to | |
| 12. Name John Geyer That. | Diher conditions Dialesta 7 | mellikan 10 year |
| 14. Maiden name Fredericka Hoerner 15. Birtholace Baltimere Md. | (Include pregnancy within 8 n | |
| 16. Interment alma B. Suyer | Autopsy results | Date of op. |
| Address 4/2 Murdock Rd. | PHYStC1AN: Please underline the cause te wh 22. V10LENCE: If death was due to external cau | |
| (Burial, cremation, or removal, Which?) Date thereof. (Month) (day) (year) | Accident, suicide, or homicide | |
| Location Pikeaville Mil. | Where did injury occur?(City or town) Injured at home, farm, industry, public place (wh | |
| 19. Funeral director LLM, 600k JMA, | Means of Injury | tnjured at work? |
| Address 1217 St. Paul St. | 23. SIGNATURE Clauses | M. D. or other |
| 19. Date red by registrar) 19. W. Hedrick (Date red by registrar) | Address // P. Chan | M. D. or other Skeet Bate signed Dar 25 1984 |

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (937)

CERTIFICATE OF DEATH

11803 Reg. Dist. No. . 3

| 1. PLACE OF DEATH | 2. USUAL RESIDENCE (HOME) OF DECEASED: |
|---|--|
| County Outune Tu | (For newborn infants give residence of mother) |
| City or fown. (If outside city or town limits, write RURAL and give nearest town) | State. County Gullen |
| | City or town |
| How long la above place of dealh? | (If outside city or town limits, write RURAL and give nearest town) |
| | Sireet No. (If rurni, give LOCATION) |
| | |
| How long in hospital or institution? | 2.(a) ti veteran, name war |
| 3. (a) FULL NAME | 3. (b) Social Security Number |
| Mary Matilda Gell | Marie Company of the |
| 4. Sex 5.00 or or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| temale while major | 20. DATE DE DEATH & Carelow 12, 19.46 . 8.45 P. M |
| B.(b) Name of husband or wife Olive C. Sell | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from |
| | Dic 5, 1946, 10 Gra 12, 1946 |
| 7. Birth date of | and that I last saw h. S.M. alive on Orc. 6, 19.46 |
| deceased (mo., day, yr.) Aldwill-1862 | Immediate gruse of death, DMATIDH |
| 8. AGE: Years Months Days tiless than one day | Chrome Myocardites Anknow |
| 8 9 9hrsmin. | |
| 9. Birthplace Wholis House, Balto Co. Md. | Que to |
| (Town, county, and atate) | 905 (0 |
| 10. Usual occupation / Kelined Housewete | |
| 7/- | Due to A |
| 11. Industry or business | |
| E 12, Hame / Allegue / Tofolway | Directional Company Company of the C |
| 13. Birthplace Pennses transa | (Include pregnancy within 3 months of death) |
| H 14 Malden name Turknople | (Include pregnancy within 3 months of death) |
| HE 14. Malden name | Major findings of operations. |
| El 15. Birthplace Mulanger | Date of op. |
| 16. Information James Bill | Autopsy results. |
| Wit t | PHYSICIAN: Please underline the cause to which death should be charged statistically. |
| Address / Chorestown . The | 22. VIOLENCE: If death was due to external causes, till in the following: |
| 17 Julia Date thereof Ole 13/46 | Accident, suicide, or homicide |
| (Burial, eremation, or removal, Which?) (month) (day) (year) | |
| Cemetery or crematory | Where did injury occur? |
| Location Sala Co, | Injured at home, farm, industry, public place (where?) |
| 80.184.65 | Means of Injury Injured at work? |
| 18. Funeral director. | α α α |
| Address Hampalead Med | Coda im Bready m. T. |
| S EI-C | 23. SIGNAFURE |
| 19 1) ee - 13 - 19 to Clary 12. LLINE | 7/ 170 |

DEC 17 1946
BUREAU V B

PLEASE

A15

SA

FOR BINDING

RESERVED

MARGIN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 117-P.

| 1 | 1 | 8 | 08 |
|---|---|---|----|
| | | | 11 |

| | | CERTIFICAT | TE OF DEATH | Reg. Diat. No. | | |
|--|---|---|--|--|--|--|
| City of townF.O. (1f. How long in above place Hospital, institution, converted and the converte | imore nt. Howard outside eity or town li ce of death? 16 or street address where Hosp Fo or Institulion 1 | Maryland Maryland Maryland give nearest town) days death occurred: rt. Howard, Maryland 6 days | City or town Dalta More (If outside city or town limits, write RURAL and give neares | | | |
| 3. (a) FULL NAM | ME LLIAM RIDGE | CTLIEV | | 3. (b) Social Security Number | | |
| 4. Sex | 5. Color or race | 6.(a)Single, married, widowed, or diverced | MEDICAL CE | RTIFICATION | | |
| Male | White | Married | 20. DATE OF DEATH. December 30 | 19.46 1.7:40 | | |
| 7. Birth date of deceased (mo., day, 8. AGE: Yea | yr.) 10/3 ars Months | Sie Gilley 37 years 1/1892 Bays It less than one day 29 hrs. min. | 21. I CERTIFY that death occurred on the date abov December 1/4. 19. / and that I last saw h. im alive on Dec. (Immediate cause of death Hemorrhage from duode) Due to | 610. December 301944 20 | | |
| 1D. Usual occupation. 11. Industry or busine | Unemploy | ed Notel Garly strad Wotel E Gilley | Due to | | | |
| 15. Birthplace | Bultone Billione Linical Rec | E. Carora na Nul. ords Vets. Adm. Hosp. | (Include pregnancy within 3 m Major findings of operations | Date of op. | | |
| 17. Burial (Burial, cremation Cemetery or erema Location | William C | 1/0/ | 22. VIOLENCE: If death was due to external caus Accident, suicide, or homicide | es, fill in the following; Date of | | |
| 19. (Date rec'd by r | 3 47 | Registrar | R. M. CULLISON, M. Address V. A. H. FT. HOWARD. | D. CLIN. 1MIR or other D. LIN. Date signed 12.31-46 | | |

BINDING

FOR

RESERVED

MARGIN

(Date rec'd by registrar)

CERTIFICATE OF DEATH

Reg. Dist. No. 30

| 1. PLACE OF DE | | r.a. | | 2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of | | |
|--|--------------------|---------------|------------------------------------|--|---|---|
| 7 1 177 00 | | | | State Maryland County - | | |
| Catons VIII e 28 (If outside eity or town limits, write RURAL and give nearest town) How long in above place of death? 13 yrs. 4 mths. 19 days. | | Reltimore | | | | |
| How long in above place | e ot death? | death occurre | ed: | | | |
| Spring Gr | ove State | Hospit | al | Street No. 1003 S. Charles | LOCATION) | |
| How long in hospital o | or institution? | 3 vrs. | 4 mths, 19 days | 2.(a) It veteran, name war. | | |
| 3. (a) FULL NAM | | | | The state of the s | | |
| | Ray Goodman | n | - | | 3. (b) Social Security | Number |
| 4. Sex | 5. Color or race | 8.(a)Sing | rie, married, widowed, or divorced | MEDICAL C | ERTIFICATION | 7 |
| female | white | | married | 20. DATE OF DEATH Lee | 7 19.46 | 1-20 |
| 6.(b) Name of husband | or wife Isid | lore Go | oodman | 21. I CERTIFY that death occurred on the date abo | ove stated; that I attended dece | ased from |
| | | | (c) If alive, give age?years | 19. | , to | 19 |
| 7. Birth date of | . June 1 | 12, 188 | R5 | and that I last saw halive on | *************************************** | 19 |
| deceased (mo., day, 1 | J1.7 | Days | tt less than one day | Immediate cause of death | | DURATION |
| 61 | 5 | 25 | | | l | * ************************************* |
| | | | hrsmin. | - Ourdiac J. | alure | • |
| 9. BirthplaceG | ermany | eounty and | state) | Due to | | *************************************** |
| | | | state | acdes vusce | la disce | |
| | 77 | k.9 | •••••••••••••••••••••••• | Due to | *************************************** | |
| 11. Industry or busines | | | | | | 1. |
| 12. NameDa | niel Dembe | 3.T | ••••• | Other conditions. | maam a | each |
| | Germa | ny | | (Include pregnancy within 3 : | lug | wy |
| HIOW 15. Birthplace | Ida ? | | | | | 1 |
| LOW 15 Bi-th-less | Gern | | | Major findings of operations | | |
| = 1 15. Birtinplace | | | | | Date of op | |
| 16, Informant | Hospital r | ecords | 3 | Actopsy results | | |
| Address | | | | | | statisticany. |
| 17 Bx | red | Date the | rent Der 9/46 | 22. VIOLENCE: It death was due to external cau | | |
| (Buriai, cremation | or removal. Which? | | (month) (May) (year) | Accident, suicide, or homicide | | |
| Cemetery or cremato | ory provi | | Laer' | Whare did injury occur?(City or town) | (County) | (State) |
| Location | sour | he | in and. | Injured at home, farm, Industry, public place (wi | here?) | ********************* |
| | Sol | Lein | usin Bres | Means of Injury | injured at work? | |
| 19. Funeral director | 11 115 | 12 | ATR CO | 91 | 1) // day | ined, |
| Address / 6 | 4 .00 | No | up are. | 23. SIGNATURE SEVALITY | iefter Evan | 16 elle |
| 10 Dec. | 8 1946 | Ale | wrest Miller | Lo. Oldinario | М. D. с | |
| (Date rec'd by re | | V Y.Z. | Clescule Registrar | Address 1010 deede | Date signed | le 7 46 |

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

WRITE 1

PLEASE

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The consecuently important. Physicians: please write the causes of death clearly and legibly.

ect age

RECEIVED

DEC 11 1946

BUREA

A.

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (937)

| | | | | | | 1. |
|-----|-----|----|----|----|----|-----|
| TOT | TEI | CA | TE | OF | DE | ATL |

(If outside city or town limits, write RURAL and give nearest town)

Reg. Dist. No.

| | 1 | | | | E OF DEATH Reg. Di |
|--|--|--|---|---|--|
| 1. PLACE OF DEA County | Baltim Catons tside city or town I I death? 11 treet address where ove State | wille imits, write R years, death occurred Hospi | y.s | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County City or town Baltimore (If outside city or town limits, write RURAL Street No. 819 N. Madeira St. (If rural, give LOCATION) 2.(a) If veteran, name war. Gosela) (Gorzela) 3. (b) Social | |
| 4. Sex | 5. Color or race | | rances Gozelor | | MEDICAL CERTIFICAT |
| Female | White | M | arried | | 20. DATE OF DEATH |
| 7. Birth date of decasaed (mo., day, yr. | May 3 | 1882 | ore) If alive, give ageUnknow | Mars | 21. I CERTIFY that death occurred on the date above stated; that I a |
| 8. AGE: Yesrs 64 | Months 7 | Days 21 | If less than one day | | of chronic myocardial failur |
| 1D. Usual occupation 11. Industry or business HIVY 12. Name | House Hom oseph Sch Czechosl Sophia Ne | wakia eounty, and wife ultz ovakia haba | 8 | | Due to Chronic arteriesclerotic C-V disease Due to Diher conditions (Include pregnancy within 8 months of death) Major findings of operations Date |
| Address 17. Buria. (Burial, cremation, Cemetery or crematory Location | Catonsv l or removal Which? Holy F Baltim Frank 900 N. | rille 2 Redeem lore, Cvach Ches | eol 12-27-46 (month) (day) (year er Md. & Soll ter St., |) | Autopsy results. PHYSICIAN: Please underline the cause to which death should 22. VIOLENCE: If death was due to external causes, fill in the foli Accident, suicide, or homicide |
| . 0 | 900 N. | | ter St., 2 W. Jackus Regi | 6 | 23. SIGNATURE Henry C. A. Mead, Address Catonsville, 28, M |

| 2.(a) If veteran, name wsr | | |
|---|--|-----------------------|
| Gosela)(Gorzela) | 3. (b) Social Security N | |
| MEDICAL CE | RTIFICATION | |
| 20. DATE OF DEATHDecember | 24, 194619 | 3:10 Pm |
| 21. I CERTIFY that death occurred on the date above | stated; that I attended decess 35, to December | 24 19 46 |
| Immediate cause of death Acute exact of chronic myocardial | | 60 hours |
| Due to Chronic arteriescl | | |
| Due to | | |
| Dther conditions | | |
| (Include pregnancy within 8 m | | |
| Major findings of operations | ••••••••• | |
| | Date of op | |
| Autopsy results | ch death should be charged s | tatistically. |
| 22. VIOLENCE: If death was due to external caus | | |
| Accident, suicide, or homicide | Date ot | |
| Where did injury occur?(City or town) | (County) | (State) |
| Injured at home, farm, industry, public place (who | ere?) | ********************* |
| Means of Injury | injured at work? | |
| 23. SIGNATURE. HONRY C. A. Me | au bie | M. N. |
| Address Catonsville, 28 | Md Date signed | 12/24/46 |
| | | |

information carefully. The cof death clearly and legibly. FOR MARGIN RESERVED UNFADING INK.

causes

PLAINLY is especial

WRITE

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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46-6



CERTIFICATE OF DEATH Reg. Diat. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newloop infants give realdence of mother) County. City or town. (If outside city or town limits, write RURAL and give nearest town) limits, write RURAL and give negrest town Hospitat, Institution, or street address where death occurred How long in hospital or institution? 2.(a) It veteran, name war... 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION 20. DATE OF DEATH. 21. I CERTIFY that death occurred on the date above stated: that I B.(b) Name of husband or wife. 6.(c) It alive, give age 7. Birth date of and that I last saw h alive on deceased (mo., day, yr.) Immediate cause of death DURATION 8. AGE: It less than one day (Town, county, and atate) 10. Usual occupation..... 11. Industry or business 13. Birthplace (Include pregnancy within 8 months of death) 14. Malden na 15. Birthplace Major findings of operations. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident, suicide, or homicide..... (Burial, cremation, or rem Where did Injury occur? (City or town) (County) (State) Injured at home, tarm, Industry, public ptace (where?) ... injured at work? Means of Injury 16. Funeral director M. Di or other (Date rec'd by registrar) Registrar

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (940)

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| 2550 | 1 " |
| -6. | 77.0 |

11813

CERTIFICATE OF DEATH

eg. Diat. No. 35

| | Reg. Diat. No |
|---|---|
| 1. PLACE OF DEATH: County 1300 The First Plant County 1200 The First Plant County 1200 The First Plant County or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newtorn infants give residence of mother) State Couoiy City or town (If outside city or town timits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war |
| 3. (a) FULL NAME 7 | 2 (1) 6 : 16 : 1 1 |
| · Roah m Serve | 3. (b) Social Security Number 7:17-07-6874 |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| male while single | 20. DATE OF DEATH LOVE, 30 1946 21 99 |
| | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from |
| 6.(c) Name of husband or wife | and that I last saw h alive on 19 arrival 19 |
| 8. AGE: Years Months Days If less than one day | Immediair suse of death DURATION DURATION |
| 8. Birthplace (Town, county, and state) | Due to |
| 1B. Usual occupation. Crossing Watchner RRR. 11. Industry or business | Due to. |
| 12. Name for he H brave | Dither conditions |
| | (Include pregnancy within 3 months of death) |
| 14. Maiden name Ella C. Miller 15. Richniace Inhum. | Major findings of operations. |
| ₹ 15. Birthplace | Date of op |
| 16. Informant Hay Siwe | Autopsy results |
| Address Whate Start Inc | PHYSICIAN: Please underline the cause to which death should be charged statistically. |
| 17 Buil Bate thereof Jan 2-1947 | 22. VIOLENCE: tf death was due to external causes, flil in the following: |
| (Burial, cremation, or removal. Which?) (month) (day) (year) | Accident, suicide, or homicide |
| Cemetery or compatory. M. Lun | Where did Injury occur? |
| Location / recland. how | Injured at home, farm, Industry, public place (where?) |
| 18. Funeral director Hamed & Makline | Means of Injury Injured at work? |
| Address while I fall my | 23. SIGNATURE (S.) 7. France |
| 19 Jan 1, 1947 19 Mrs Howard S. Market | Address a liter md, Date signed 1/1/47 |



| M |) U | |
|-----------------------------|--|---|
| MARGIN RESERVED FOR BINDING | WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. | 1. Co Cit Ho Ho 3. 3. 4. 8. 9. 10. 11. 17. 11. 11. 11. 11. 11. 11. 11. 11 |

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (7)

CERTIFICATE OF DEATH



| | —————————————————————————————————————— | |
|--|---|---|
| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASE | D: |
| County | (For newborn infants give residence of mother) State County Sa | lterace |
| (If outside city or town limits, write RURAL and give nearest town) | 6. 6.06 | |
| How long in above place of death? | City or town(12 outside city or town limits, write RUR. | AL and give nearest town) |
| Hospital, Institution, or street address where death occurred: | Street No. 1 admiral Bloc | |
| How long in hospital or institution? | (If rural, give LOCATION) | |
| 3. (a) FULL NAME | 2.(a) If veteran, name war | |
| William Hobest Haines | 3. (6) So | cial Security Number |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFIC | |
| male white married | 20. DATE OF DEATH. & December | 1946 18:40P. M |
| 6.(b) Name of husband or wife Helena Hames | 21. I CERTIFY that death occurred on the date above stated; tha | I attended deceased from |
| 7. Birth date of A C A C A C A C A C A C A C A C A C A | 04 July 1946, 10 | December 19 4 6 |
| 7. Birth date of deceased (mo., day, yr.) 24 Cetaber 1876 | and that I last saw h. Josephalive on | cember 1946 |
| 8. AGE: Years Months Days If less than one day | Immediate cause of death. | |
| 70 1 15min. | Carcinona of ling | 1 year |
| 9. Birthplace Metilleshington - Boltimere - maryland (Rown, county, and otate) | Oue to | |
| 10. Usuat occupation. | Que to. | |
| tt. Industry or business - Self | | |
| 12. Name Lin Haines | Other conditions | *************************************** |
| E 13. Birthplace maryland | (Include pregnancy within 3 months of deat | |
| # 14. Malden name Example Exam | | |
| 15. Birthplace Meryland | Major findings of operations | |
| 16. Informant Helene Haires | Autopsy results | |
| Address / admiral Blod. Sunfall- 21 | PHYSICIAN: Please underline the cause to which death sho | |
| Burio 1 12/12/40 | 22. VIOLENCE: If death was due to external causes, filt in the | following: |
| Burial Date thereof. 12/13/46 (Burial, cremation, or removal. Which?) | Accident, suicide, or homicide | Date of |
| Cemetery or crematory Moreland Mem. Pk. | Where did injury occur? (City or town) (Co | ounty) (State) |
| Location Balto Maryland | Injured at home, farm, industry, public place (where?) | |
| 18. Funeral director WM - J . TICKNER & SONS | | ed at work? |
| Address • Balto. Md. | B Bala | 1000 240 |
| 12-11 ×6 PRCARLE | 23. SIGNATURE Wernard a. X | M, D, or other |
| 19. 19 1 10 1 10 Complete | Stile to Parkeyou | A Run 150 |

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-2)

11815

CERTIFICATE OF DEATH

Reg. Dist. No. 37

| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give resigence of mother) |
|---|--|
| County & Saltmere | State Manyland County Dallmore |
| City of town | |
| How long in above place of death? | (If outside city or town limits, write RURAL and give marcest town) |
| Nospital, Institution, or streel address where death occurred: | Streel No. (If rural, give Location) |
| How long in hospital or institution? | 2.(a) If veteran, name war. |
| 3. (a) FULL NAME | William Control of the Control of th |
| William J. A | 3.(b) Social Security Number |
| 4. Sex 5. Color or race 6.(a) Single, married, widewed, or divorced | MEDICAL CERTIFICATION |
| 181. W. Widowed | 30. DATE DE DEATH. 10.150 AM |
| B.(b) Name of husband or wife Canage Elizabeths lear Manse | 2). I CERTIFY that death occurred on the date above stated; that I attended deceased from |
| | 19 , 10 1, 2 - 7 19 4 70 |
| 7. Birth date of face of the day vr) Tan - 2, 5854 | and that I last saw harmalive on 12/3/46 |
| 8. AGE: Years Months Days If less than one day | Immediate cause of death |
| 92 // Zhrsmin. | Somery Monton Sule |
| 9. Birthplace owngs Mills, med. | Due to my cardillas |
| (Town, county, and state) | Tepponie decomposaby |
| 1D. Usual occupation | Due to artinosclerosi |
| 11. Industry or business | |
| 12. Name ephiam Hames | Dther conditions |
| 13. Birthplace Mangand | (Include pregnancy within 8 months of death) |
| E 14. Maiden name Many Wiles | Major findings of operations. |
| 15. Birthplace maryland | Date of op. |
| 16. Informant Mus Mary Robinson | Autopsy results |
| Address Dunnas Wells med | PHYStCIAN: Ptease underline the cause to which death abould he charged statistically. |
| 0 100, 7 19116 | 22. VIOLENCE: If death was due to external causes, fill in the following: |
| (Buriai, cremation, or removal. Which?) Dale thereof | Accident, suicide, or homicide |
| Cemetery or crematory | Where did injury occur? |
| Location Perfequalle and p | Injured al home, farm, Industry, public place (where?) |
| 18. Funeral director Landon M. Buoles | Means of Injury Mored at work? |
| Address Sparles mel | True J. Sallell |
| 19. Dec. 7 19 46 Wilmer C.Ensor | 23. SIGNATURE M. D. or other |
| (Data marid by marietrary) | Hate closed 1/4/46 |

DEC 10 1946
BUREAU V a

RESERVED MARGIN



| cemetery | one call fr | date | lertaker 2411 N. Charle | PARTMENT OF HEALTH Sa St., Baltimore P. C. DEATH Reg. Diat. No. | 8 Lex |
|--|--|--|---|---|---------------|
| City or town | Fort How outside city or town lize of death? 47 I for street address where do no H spital, | vard mits, write R leath occurred Ft. I | URAL and give nearest town) Oward, Varyland | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State | nearest town) |
| 3. (a) FULL NAM | ME | | | 3. (b) Social Securi | ty Number |
| 4. Ser | 5. Color or race White | 6.(a)Single | ENDRICKS married, widowed, or divorced Single | MEDICAL CERTIFICATION 20. DATE OF DEATHDecember7., | at 2:30A. M |
| | | 6.(c | r) It alive, give ageyears | 21. I CERTIFY that death occurred on the date above attack: that I altended d October 21, 19.46 to December and that I last aaw himalive on December 7, | er 7, 1946 |
| 8. AGE: Yea | Months 7 | Days | tf less than one dayhrsmin. | TUBERCULOUS PNEUMONIA | |
| 1D. Usual occupation tt. Industry or busine | Unemployed ohn Hendrick | county, and a | tate) | Due to | ry 7 years |
| | ennsylvania Elizabeth Ohio | ? | | (tnelude pregnancy within 3 months of death) Major findings of operations | |
| Address Vets | Adm. Hosp | fice, oital, | Clin. Records Ft. Howard, Md. | Antopsy results PHYSICIAN: Please underline the cause to which desth should be charged. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide | |
| Cemetery or crema Location | on or remover which it | 3ach | more national | Whera did injury occur? (City or town) (County) Injured at home, farm, industry, public place (where?) (Maana of Injury tnjured at work? | (State) |
| Address 39 / | J Libert | 4/2 | leights ave | | D, or other |

WRITE

PLEASE

SA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93.24

CERTIFICATE OF DEATH

11818

Reg. Dist. No. 35

| 1. PLACE OF DEATH: County Baltimore | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State | | |
|---|---|------------|--|
| County Data Howard Maryland (If outside city or town limits, write RURAL and give nearest town) | | | |
| How long in above place of death? 27 days | City or town Pylesville (If outside city or town limits, write RURAL and give nearest town | n) | |
| Hospital, Institution, or street address where death occurred: | | | |
| | Streef No. Route #1 (If rure), give LOCATION) | | |
| How long in hospital or institution? 27 days | 2.(a) If veteran, name war. | V | |
| 3. (a) FULL NAME | 3. (b) Social Security Number | | |
| WILLIAM H. HOLLINGSHEAD | S.(o) Social Security Manager | | |
| 4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced | MEDICAL CERTIFICATION | | |
| Male White Married | 2D. DATE DF DEATH December 25 19 46 at 8 | 28 Pm | |
| 6.(b) Name of husband or wife Effic Hollingshead | 21. I CERTIFY that death occurred on the dafe above stated; that I attended deceased from November 28 1846 to December 25 and that I last saw h. im. alive on December 25 | 19.46 | |
| deceased (mo., day, yr.) Warch), 1894 | Immediate cause of death | RATION | |
| 8. AGE: Years Months Days If less than ooe day | | . 28, | |
| 9. Birthplace White Hall, Maryland (Town, county, and state) | | Days | |
| 1D. Usual occupation | Due to Pneumonia, rt. lower lobe 34 | Days | |
| 11, Industry or business | | | |
| 12. Name Strong Hollingshead 13. Birthplace Maryland | Dther conditions | | |
| 2 13. Birthpiace Mally Lairu | (Include pregnancy within 3 months of death) | | |
| # 14. Maiden name Maggie Bisker | Major findings of operations | | |
| 14. Malden name Maggie Bisker 15. Birthplace Pennsylvania | | | |
| | Date of op | | |
| 16. Informant Clinical Records Vets Adm. Hosp. | Autopsy results | Ay. | |
| Address Fort Howard, Maryland | 22. VIOLENCE: If death was due to external causes, fill in the following: | | |
| 17. Burial, cremation, or removal, Which?) Date thereof. Data (month) (day) (year) | Accident, suicide, or homicide | | |
| | | | |
| Cemetery or crematory wash with | Where did Injury occur? | | |
| white Itall red | fnjured at home, farm, Industry, public place (where?) | | |
| 18. Funeral director Howard & markeling | Means of Injury Injured 2t work? | | |
| 91-15 10 | P. D. 1 m. (011) | | |
| | B. SIGNATURE Robert M. Cullison, N.D. CLIN. Deresher | ********** | |
| 19. Llec 27 1946 Mus. Howard S. Market | Leddress V.A. It. Howard Id. Date signed 12- | 26-46 | |



ARGIN RESERVED FOR BINDING

PLEASE A15 SA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 4

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|---|----|---|---|-----|
| A | J. | 0 | T | U |
| | | | | 400 |

| CE | RTIFICATE OF DEATH |
|--|---|
| 1. PLACE OF DEATH: County City or town. (If outside city or town limits, write RURAL and giv | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newl or pinfants give residence of mother) State |
| How long in above place of death? | City or town |
| How long in hospital or institution? | 2.(a) If veteran, name war. |
| 3. (a) FULL NAME | 3. (b) Social Security Number |
| 4. Sex 5. Color or race 6.(a) Single, marries whom | MEDICAL CERTIFICATION |
| 6.(b) Name of husband or wife 4009 a. 8.(c) If alive, give a | 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from |
| 7. Birth date of deceased (mo., day, yr.) | and that I last saw h |
| 8. AGE: Years Months Days If less than | |
| 9. Birthplace | Bue to Munoma of Rectume 1 yr |
| 10. Usual occupation | Bue to |
| 11. Industry or business 12. Name | Dither conditions |
| 14. Maiden name Manyanch 15. Birthplace Reland | (Include pregnancy within 3 months of death) Major findings of operations. |
| 15. Birthplace heland | Date of op. |
| 16. Informant 3307 O. Denne | Actopsy results |
| 17 Burial Date the other | 3/-46 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide |
| (Burial, cremation, or remayal, Which?) (month | Where did injury occur? |
| Location Eastern and 12 | Injured at home, farm, Industry, public place (where?) |
| 18. Funeral director | Means of Injury Injured at work? |
| Address Boro E. Bal | to of sonstant to M. Baringardice M.D. |
| 19. (Date rec'd by registrar) | Registrar Address Sulto 6 Bafe signed 2-28-46 |

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH



| 1 | 18 | 12 | () | A | |
|---|------|----|----|---|--|
| | D: 4 | | > | | |

| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) | | | |
|---|--|--|--|--|
| CountyBaltimore | M welond | | | |
| City of town | | | | |
| How long in above place of death? 9 days | City or town Baltimore (If outside city or town limits, write RURAL and give nearest town) | | | |
| Hospital, Institution, or street address where death occurred: | Street No. 3625 Chestnut Avenue - (11) | | | |
| Spring Grove State Hospital | (If rural, give LOCATION) | | | |
| How long in hospital or institution?9. day.a | 2.(a) If veteran, name war | | | |
| 3. (a) FULL NAME Anna Johnson | 3. (b) Social Security Number | | | |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION | | | |
| Female White Widowed | 20. DATE OF DEATH December 15, 1946 19 | | | |
| 6.(b) Name of husband or wife Charles Johnson | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 6 19.46 to December 15 19.66 | | | |
| | and that I last saw h. O.T. alive on December 15, 1946 19 | | | |
| deceased (mo., day, yr.) ? April, 1879 | Immediate cause of deathAcuta myocardial DURATION | | | |
| 8. AGE: Years Months Days It less than one day 67 8 ? | failure minutes | | | |
| Augtota | Observation in the state of the | | | |
| 9. Birthplace | Chronic myocardial insuffici ency with dilatation Indefini | | | |
| 1D. Usual occupation. Housewife | | | | |
| 11. Industry or business Home | Due to | | | |
| | Other conditions Movable tumor right neck | | | |
| 12. Name (Unknown) Schaefer 13. Dirihplace Austria | | | | |
| | (Include pregnancy within 8 months of death) | | | |
| | Major findings of eperations | | | |
| | Date of op. | | | |
| 18. IntermantHo.spital records | Autopsy results | | | |
| Address Catonsville, 28, Md. 11 150 16 | | | | |
| 11/2-18- 46 Jas introd amelain | 22. VIOLENCE: If death was due to external causes, fill in the following: | | | |
| (Burial, cremation, or removal. Which?) uare increol | Accident, sulcide, or homicide | | | |
| Cemetery or crematory | Where did injury occur? | | | |
| Location US alto July | Injured at home, farm, industry, public place (where?) | | | |
| 18. Funeral director Los L. Herr How | Means of injury Injured at work? | | | |
| () se all 11. It alendus | Dradore Frenk M. D. | | | |
| Address 3000 Cincia Cinquia | 23 STGNATURE | | | |
| 19 MI To Marken | M. D. or bther | | | |
| (Date ree'd by registrar) Registrar | Address Cetonsville, 28, Md. Date signed 12/15/46 | | | |

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING 9-45-15M PLEASE A-15 NS

| CERTIFICAT | E OF DEATH Rog. Dist. No | 72 |
|---|---|-------------|
| 1. PLACE OF DEATH: County | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give moarest tow (if rural, give LOCATION) 2.(a) It veteran, name war | |
| 3. (a) FULL NAME | 3. (b) Social Security Numbe | r |
| Cisthur Johnson | 246-05-61 | 29 |
| 4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced Male Hite Married | MEDICAL CERTIFICATION 20. DATE OF DEATH | ;40 A |
| 8.(b) Name of human wife Mary C. 7. Birth date of S.(c) It alive, give age 6.8 years | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from | |
| deceased (mo., day, yr.) /872 July 201 | | DURATION |
| 8. AGE: Years Months Days It legs than one day 7 4 9hrsmin. | Throm bosis | duy |
| 9. Birthplace Josephine England (Town, county, applytate) 10. Usual occupation Bld. Construction Super | Due to. Arteriosclerosis 3: | ges |
| 11. Industry or business | | |
| 12. Name Home on a moon and a stringland | Other conditions | |
| 14. Maiden fame Colores Planch | | |
| 15. Birthpiace Horfolle Ingland | Major findings of operations | |
| 18. Informant States of Decorate | Antopsy results. PHYSICIAN: Ptease underline the cause to which death should be charged statistics. | ally. |
| Address // Company (Burial, cremation, or removal, Which?) Date thereof. // (month) (day) (year) | 22. VIOLENCE: If death was due to external causes, till in the tollowing; Accident, suicide, or homicide | |
| Cemetery or crematory Minister of Brithern Thurms | (City or town) (County) (State | .) |
| Location Thurmont med m | Injured at home, tarm, Industry, public place (where?) | *********** |
| 18. Funeral director, Am. Cook | Means of Injury Injured at work? | |
| Address St. Paul & Preston St | 28 SIGNATURE Walter T. Kush. | D. |
| 19. Dile 5 (Date rec'd by registrar) 19 # 4. Registrar | Address Cockeys rille, hed Date signed 4 De | ec. 1946 |

DEC 6. 1946
BUREAU V 8.

2411 N. Charles St., Baltimore 93-

CERTIFICATE OF DEATH

11822

| County Balling City or Jown Cato Market County (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: | (For newborn infants give residence of mother) State Many Land County Additional City or town City or town limits, write RURAL and give nearest town) Street No. Many St. | | |
|---|---|--|--|
| How long in hospital or institution? 7 clarge | (If rurnl, give LOCATION) | | |
| 3. (a) FULL NAME Meorge M Johnson | 3. (b) Social Security Number | | |
| 4. Sex 5. Color or race 6.(a) Single; married, widowed, or divorced Wedower | MEDICAL CERTIFICATION 2D. DATE DF DEATH. Securber 7 18 46 at 2 A | | |
| B.(6) Name of husband or wife. Lone. Johnson B.(c) If alive, give age years 7. Birth date of | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10 - 15 19.46 to 12 - 7 18.46 | | |
| deceased (mo., day, yr.) Q. + ./ 1860 V 8. AGE: Years Months Days If less than one day | Immediate cause of death DURATION Carlesio-sclesotic Cardia | | |
| 9. Birthpiace Elected (Town, county, and state) 10. Usual occupation Returned 11. Industry or business 12. Name Authory M. Johnson 13. Birthpiace 14. Name Authory M. Johnson | Due to Dither conditions | | |
| 14. Maisen name Gersegahine Mursey 15. Birtholace 16. Informant Mrs. W. Warfield | Major findings of operations. Date of op. Antopsy results. PHYSICIAN: Please underline the caose to which death should be charged statistically. | | |
| Address Aug bland Med 12 9 46 (Burial, crematory, St. Solution) Cemetery or crematory, St. Solution | 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide | | |
| 18. Funeral director F. C. Mignishothorn Address Ellicott Cety my | Means of Injury Learns, E. Busatork No. 5: | | |
| 19. 12-8- 1946 Harry & Muffer | 23. SIGNATURE M. D. or other M. D. or other M. D. or other Address Eller M. D. or other 12-8-46 | | |



PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-8



11299

| II. | 1. | 0 | 4 | U | |
|-----|----|---|---|----|--|
| D | | D | | No | |

| L alla | UN | 27 |
|--------|-------|----|
| Reg. | Dist. | No |

CERTIFICATE OF DEATH

| | Rog. Dist. 110 |
|---|---|
| 1. PLACE OF DEATH. | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) |
| County Tables | State M.d. County Balts |
| (If outside city or town limits, write RUKAL and give nearest town) | 911/4 11.00 |
| How long in above place of dealh? | (If outside city or town limits, write RURAL and give nearest town) |
| Mospitat, institution, or street address where death occurred: | Sireef No. |
| | (If rural, give LOCATION) |
| How long In hospital or institution? | 2.(a) If veleran, name war |
| 3. (a) FULL NAME | 3. (b) Social Security Number |
| Georgianne & | Thuson none |
| 4. Sex 5. Color or race 6.(a) Single, warried, widowed, or divorced | MEDICAL CERTIFICATION |
| J. Megro Widowed | 20. DATE OF DEATH Nec. 9 19 46 81 7 7 M |
| B. (b) Name of husband or wife Wickelas Johnson | 21. I CERTIFY that death occurred on the dale above stated; that I allepsed deceased from |
| | 1037 10 Nec. 9 146 |
| T. Birlh date of | and that I last saw here alive on Society 19 UL |
| deceased (mo., day, yr.) June 29. 1859 | Immediate cause of death |
| 8. AGE: Years Months Days It less than one day | Cerebral Thrombons |
| 87 5 //hrsmin. | |
| 1. Birthplace monkton, md. | Due to |
| (Town, county, and state) | |
| 10. Usual occupation. | Due to |
| 11. Industry or business | |
| 12. Name. Seringe Hace 13. Birthplace Workland. Md- | Other conditions, I for feerlevern, |
| 13. Birthplace monthly, md- | arterio-scherorio |
| 14. Halden name Mary Jane Buste | (Include pregnancy within 3 months of death) |
| 14. Maiden name Mary Jame Butte. | Major findings of operations. |
| Kanan dilat | |
| 18, Informant | PHYSICIAN: Please underline the cause to which death should be charged statistically. |
| Address Mile Hall, ma. | 22. VfOLENCE: It death was due to externat causes, fill in the following; |
| 11 Dervial Dale thereof 12/12/46 | Accident, suicide, or homicide |
| (Burial, eremation, or removal, Which?) (month) (day) (year) | |
| Cemetery or crematory | Where did injury occur? |
| Location The Location The Location Location | Injured at home, farm, Industry, public place (where?) |
| 18. Funeral direct telliam Chatman | Means of injury Injured all work? |
| Address 1701 M= Collab St. Balts, md | (, 1, 2 |
| 19 | 22 SIGNATURE M. D. OROCHOT |
| 19. (Date reed by registrar) | N 17. |
| (Date redu by registrar) | Address Date signed 19/9/1/6. |

information carefully. The rest age of death clearly and legibly.

ADING INK. Supply every item of Physicians: please write the causes

WRITE PLAINLY, is especially

PLEASE

A15 SA

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

Roltimore

2411 N. Charles St., Baltimore (3/2)

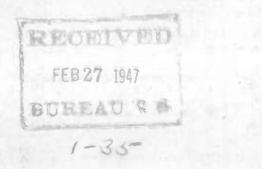
CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

12595 Reg. Dist. No. 301

| Catonsville Catonsville (If outside elty or town limits, write RURAL and give nearest town) How long in above place of death? 13 years, 7 mos., 20 days Hospital, institution, or street address where death occurred: Spring Grove State Hospital How long in hospital or lostitution? 13 years, 7 mos., 20 days | | | | State Maryland county City or town Baltimore (If outside city or town timits, write RUR/ Street No. 102 South Albemar le (If rurs), give LOCATION) 2.(a) If veteran, name war. | AL and give nearest town) Street |
|---|----------------------|---|---|---|--|
| 3. (a) FULL NAM | | Kandr | aczuk | 3. (b) So | ocial Security Number |
| 4. Sex male | white | | e, married, widowed, or divorced married | MEDICAL CERTIFIC. 20. Date of Death December 28 | |
| 5.(b) Name of husband 7. Birth date of deceased (mo., day, | | mber 1 | c) If allive, give ageyears | 21. I CERTIFY that death occurred on the date above stated; that May 8 and that I last saw h im alive on December Immediate cause of death | December 28 19 46 28 1446 |
| 8. AGE: Year | | Days 27 | tf less than one day | Acute dilatation of hea | rt few hours |
| 8. Birthplace Russia (Town, county, and state) 10. Usual occupation Laborer 11. Industry or busicess ? 12. Name £dam Kandraczuk 13. Birthplace ? | | | | Due to. Cardiovascular-renal di Due to. Other conditions. | |
| 13. Birthplace ? | | | | (Include pregnancy within 3 months of dea Major findings of operations | ······································ |
| | | | | Actorsy results | |
| Cemetery or cremal Location | Spring Gratons ville | Grove Store | d | 7 | Oate of |



MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1246

CERTIFICATE OF DEATH

* 11824 38 | Reg. Dist. No. 38 |

| 1. PLACE OF DE | | • | *************************************** | 2. USUAL RESIDENCE (HOME) (For newborn Infants give residence | OF DECEASED: | | |
|---|------------------|-------------------|--|--|--------------------------------|---|--|
| ./ | | | | State Maryland | | 9 | |
| City or town | | | | City or town (if outside city or town limits, write RURAL and give nearest town) | | | |
| | | | | | | | |
| How long in hospital or institution? | | | | (If rural, give LOCATION) 2.(a) If veteran, name war | | | |
| | | | | | | | |
| 4. Sex | 5. Color or race | 6.(a)Sing | e, married, widowed, or divorced | MEDICAL | CERTIFICATION | | |
| Female | White | Ma | rried | 20. DATE OF DEATH. December 2 | | et M | |
| *************************************** | 1011 | | SYyears | 21. I CERTIFY that death occurred on the date | 19.46 to Dec 2 | ceased from | |
| 7. Birth date of deceased (mo., day, | yr.) Marc | h 6, 1 | 863 | | | 19 | |
| 8. AGE: Years | | Days | If less than one day | Immediate cause of death | • | 100000000000000000000000000000000000000 | |
| 83 | 8 | 15 | hrsmln. | Hypertroflus Co. | rhoeio | 2003 400 | |
| 9. Birthplace | Towson, | Maryl county, and | and ntate) | Due to. | River | | |
| 10. Usual occupation. | Housev | ife | *************************************** | •••••• | | | |
| 11, Industry or busines | 18 | At Ho | | Due to | | 00000 | |
| 至 12. Name H | enry L. Bo | wen | | Other conditions | | | |
| | Towson, M | | d | | | | |
| | | | | (Include pregnancy within | 8 months of death) | | |
| 14. Malden name. | | | | Major findings of operations | | | |
| 15. Birthplace | Texas, Ma | ryLand | | | Date of op | | |
| 16. Informant He | nry C. Kes | gy | | Aatopsy results | | *************************************** | |
| | Bosley Ave | | | PHYSICIAN: Please underline the cause to | which death should be charge | ed statistically. | |
| | | | | 22. VIOLENCE: If death was due to external | causes, fill in the following; | | |
| 17Bu | rlal | Date ther | eofDec. 23, 1946 (month) (day) (year) | Accident, suicide, or homicide | Date of | 800000000000000000000000000000000000000 | |
| Cemetery or cremate | D- | ospect | Hill Cemetery | Where did injury occur?(City or town | | ******************************* | |
| Cemetery or cremate | | | | | | | |
| Location | | | A A | Injured at home, farm, Industry, public place | | •••••• | |
| 18. Funeral director | John Di | umo | Sour | Means of Injury | Injured at work? | | |
| Address | Towson, N | | Du Blanton | 123. SIGNATURE Dause of | el shoo | o or other | |
| 19. (Date ree'd by re | 23 19 46 | All Sin | Registrar | Address 1 occes 4 | 1, md Date signe | 1427 19 | |

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PLEASE

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

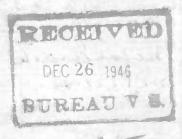
2411 N. Charles St., Baltimore (93-2)



CERTIFICATE OF DEATH

| CERTIFICAT | Reg. Dist. No. |
|---|---|
| 1. PLACE OF DEATH: County | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give-residence of mother) State County County County (If outside city or town limits, write RURAL and give Rearest town) Street No. 3 (If rural, give LOCATION) |
| How long In hospital or Institution? | 2.(a) If vsteran, name war |
| 3. (a) FULL NAME Welliam A Sex 1.5 Color or rose: 1.8 (a) Single married without or divorced. | ennedy 3. (b) Social Security Number |
| Male white Single, married, wildowed, or divorced that | MEDICAL CERTIFICATION 20. DATE OF DEATH 20. DATE |
| 8.(b) Name of husband or wife | 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from |
| 7. Birth date of deceased (mo., day, yr.) Sent 2-8-1868 | and that I last saw h |
| 8. AGE: Years Months Deys If less than one day 2 2 4hrsmin. | Immediate cause of death |
| 9. Birthplace (Town, county, and state) | Due to William Sefueras - |
| 10. Usual occupation | Due to. |
| 12. Name James Jennesly 13. Birthplate Jeland | Other conditions Debte Land |
| 14. Maiden name Eliza Corrors 15. Birthplace Sulland | (Include pregnancy within 8 months of death) Major findings of operations. |
| 16. Informant Aseph Klynedy Address 213 Church Jank , Peterselle May | Autopsy results |
| 17. Date thereol (month) (day) (year) | 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide |
| Cemetery or cramatory | Where did injury occur? |
| 18. Funeral director for the Market H. Market | Means of Injury Injured at work? |
| 19. 12-7-3- 19.46 Dr. Polithas (Date rec'd by registrar) (Date rec'd by registrar) | 23. SIGNATURE COMMAND. or other Address Full State (10 5 mg/ here signed 12-23 4) |

Charles I was



1-35

2411 N. Charles St., Baltimore (Bla)

11826

CERTIFICATE OF DEATH

71000

Reg. Dist. No.

| | 8 |
|--|---|
| County n | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For powborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give negrest town) Street No. (If rural, give LOCATION) |
| How long in hospital or institution? | 2.(a) 11 veteran, name war |
| 3. (a) FULL NAME Alexander Forder | 3. (b) Social Security Number 212-01-5939 |
| 1 Sex 5. Color or race 6.(a) Single: married, widowed, or divorced | MEDICAL CERTIFICATION 20. DATE OF DEATH 20. DATE OF DEATH 20. DATE OF DEATH |
| 8.(6) Name of husband or wile | 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from |
| 7. Birth date of deceased (mo., day, yr.) | and that I last saw h. from alive on Section 19.6. |
| 8. AGE: Years Months Days If less than one day | Immediate cause of death Carefral Hemorrhoge 3 Long |
| 8. Birthplace (Town, county, and state) | Due to Cardio - Var cular - Reval |
| to. Usual occupation | Due to type tens con |
| 12. Name | Dither conditions |
| ER | (Include pregnancy within 8 months of death) |
| E 14. Maiden name | Major findings ol operations. |
| 14. Maiden name 15. Birthplace 16. Informant 17. Maiden name 18. Informant 19. Maiden name 19. Maiden name 19. Maiden name 19. Maiden name | Autopsy recults |
| Address let Lennit of | PHYSICIAN: Please underline the cause to which death should be charged statistically. |
| 17. (Burial, cremation, or removal. Which?) Dale thereol (month) (day) (year) | 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide |
| Cemetery or crematory | Where did lajury occur? |
| Location | Injured at home, larm, industry, public place (where?) |
| 18. Funeral director 13/9 15 Tons | Means of Injury Injured at work? M. G. Daeob |
| Address 24 / Address | 23. SIGNATURE |
| 19 Dec. 14 19 46 Q. W. Gedrick | 617 Both pet Red M. D. or other 12/13/46 |

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

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| | Reg. Dist. No |
|--|---|
| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) |
| County Dalusser | |
| (If outside city or fown limits, write RURAL and give nearest town) | State Med County 6 Dalling |
| 30 11 4 | (if outside city or teyn limits, write RURAL and give nearest town) |
| How long in above place of death? | (If outside city or town limits, write RURAL and give nearest town) |
| Nospital, institution, of street againss miner would be contract | Street No. |
| | (if rural, give LOCATION) |
| How long in hospital or institution? | 2.(a) If voteran, came war |
| 3. (a) FULL NAME | 3. (b) Social Security Number |
| Coen Jane Klinefellie | ne |
| 4. Sex 5. Color or raco 6.(a) Singlo, married, wildowed, or divorced | MEDICAL CERTIFICATION |
| F. W. man | |
| Pilane | 20, DATE OF DEATH. Dec 15 19.46 at 11:20.4 M |
| B.(b) Name of husband or wife dether W. C. Klinekelter | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from |
| | 5-8 10.43 10 12-15 10.46 |
| 7. Sirth date of | and that I last saw h. etc. alive on 12-5 |
| deceased (mo., day, yr.) / 26 - 25 / 880 | |
| 8. AGE: Yours Months Days It less than one day | Immediate cause of death |
| (6) 9 20hrsmin. | Coronary Gerombises Instant |
| | |
| 9. Birthplace / farful Co. Jud. | Due to The Date I was |
| (Town, county, and stoke) | |
| 10. Usual occupation. | Sura de |
| 11. Industry or buelness | DV0 TO |
| KI () () | |
| 12. Name Ceseander | Bther conditions I de la |
| El 13. Birthplace Harford Co mal | (Include pregnancy within 3 months of death) |
| # 14. Maiden name Uniform | |
| 15. Birthplace | Major findings of operations |
| | Date of op |
| 16. Informant A. W. C. Klimefeller | Autopsy results Deport |
| Addrese Sparly md. | PHYStCtAN: Please underline the cause to which death should ha charged statistically. |
| | 22. VIOLENCE: If death was due to external causes, fill in the following; |
| (Burisi, cremation, or removal, Which?) (Burisi, cremation, or removal, Which?) | Accident, suicide, or homicide |
| (Bornai, cremation, or removal, which) | 6 |
| Cemetery or crematory | Where did injury eccur? (City or town) (County) (State) |
| Location Butle Ballo Co med | Injured at home, farm, Industry, public place (where?) |
| 19. Funeral director. | Meane of injury Injured at work? |
| Addrese Span las mad | |
| | 23. SIGNATURE D. D. Caples M. D. |
| 18 Lec. 16 19 46 Wilmer Eusor | M, D. or other |
| (Date rec'd by registrar) Registrar | Address Persturation nul Date signed 12-16-46 |

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2411 N. Charles St., Baltimore B.

CERTIFICATE OF DEATH

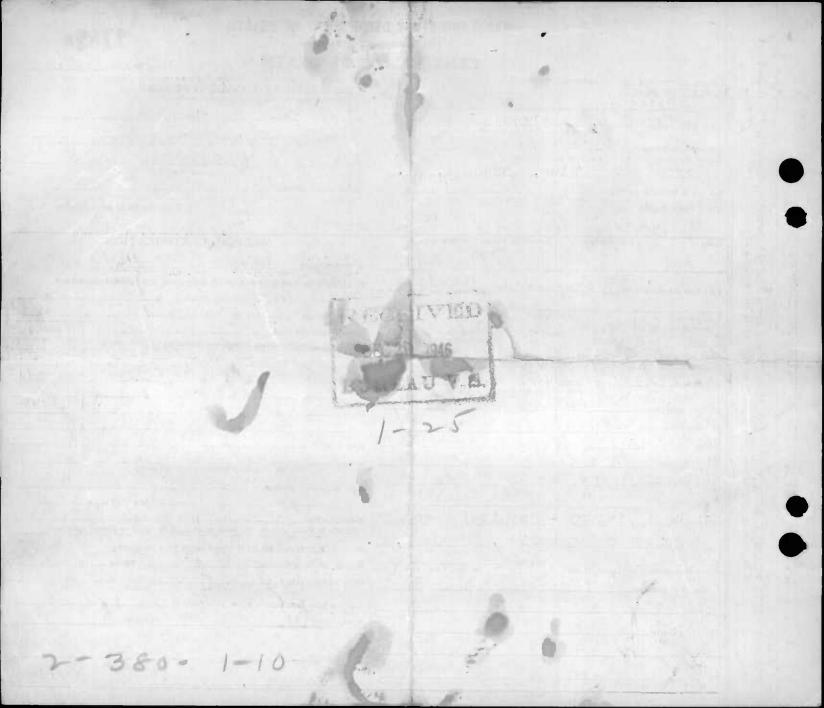
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| Rev. | Dist. | No. | |
|-------|-------|------|------------|
| Tref. | Dier. | 140. | .000000000 |

| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newbern infants give residence of mother) |
|--|--|
| County Baltimore | State Md County |
| City or town. Towson 4, Manyland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Que 47 7 Mon | Bultimano mo |
| How long in above place of death? One 4+ 2 Most | City or town (If outside city or town limits, write RURAL and give nearest town) |
| Hospital, Institution, or street address where death occurred: | Street No. 4711 Pour don auc |
| Eudowood Sanatorium, Towson 4, Md. | (If rural, givo LOCATION) |
| How long in hospital or institution? | 2.(a) If veteran, name war |
| 3. (a) FULL NAME | 3. (b) Social Security Number |
| Harry 120995 1 wa | met. |
| 4. Sex 5. Color or rate 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| my | 2D. DATE DF DEATH Dec 18 1946, at 32PM |
| 8,6) Name of husband or wife Virginia Kromes | 21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from |
| 1140 | OCT 17 1945 to DEC 18 1966 |
| 7. Birth date of / / / / / / | and that I last saw h Localive on 19. |
| deceased (mo., day, yr.) PACE. Years Months Days If less than one day | Immediate cause of death |
| o. Aug. | () n I have loste to colo |
| 59 7 12hrsmln, | Vicinginary valor carries has 1965 |
| 9. Birthplace Daltimore City Md | medition of the water fine 1945 |
| Candy Clay At. Ky. | culture - |
| 1D. Usual occupation | Due to |
| 11. Industry or business Mules Patternoy | |
| 12. Name Les fal romet | Dther conditions |
| | (Include pregnoncy within 3 months of death) |
| 14. Malden name Josephine Con 15. Birthplace Pattimore | Major fiadiogs ol operatioos |
| 15. Birthplace Pattimore | Date of op. |
| Personal History - Hospital Records | Autopsy results |
| Addres Eudowood Sanatorium, Towson 4, Md | PHYSICIAN: Please underline the caose to which death shoold be charged statistically. |
| 1) 2 1211 | 22. VIOLENCE: If death was due to external causes, filt in the following: |
| 17 Date thereof Date thereof (month) (ddy) (yoar) | Accident, suicide, or homicide |
| Cemetery or exemptory CHESTER CEM. | Where did injury occur? |
| CHESTERIOUN KENTCO, Md. | Injured at home, farm, Industry, public place (where?) |
| Location | Means of injury Injured at work? |
| 18. Funeral director. | 1000 |
| Address (Chestertown, md. | 23 SIGNATURE / U/ Midgle |
| The state of the s | M. D. or other |
| 19 | Address Towson 4, Maryland Date signed 12/18/46 |

ASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

age



CERTIFICATE OF DEATH

20. DATE OF DEATH.

Reg. Dist. No.

| | age | |
|----|-----|--|
| (1 | Lec | |

every item of i

ADING INK. Supply Physicians: please wr

WITH UNF important.

especially PLAINLY, is especially

WRITE

FOR BINDING

MARGIN RESERVED

1. PLACE OF DEATH: information carefully. The do death clearly and legibly.

3. (a) FULL NAME

(Date rec'd by registrar)

Hospital, Institution, or street address where death occurred: How long in hospital or institution?..

(If rural, give LOCATION) 3. (b) Social Security Number

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

B.(b) Name of husband or wif 7. Birth date of deceased (mo., day, yr.) It less than one day 8. AGE: Years Months R. Birthplace.....

10. Usual occupation... 11. Industry or business 13. Birthplace 14. Maiden na 15. Birthplace Date thereot. (month) (day) (year) (Burial, cremation, or removal, Which?)

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from and that I last saw h. Let alive on DUBATION

(If outside city or town limits, write RURAL and give uearest town)

MEDICAL CERTIFICATION

(Include pregnancy within 3 months of death)

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Majer findings of operations.....

Accident, suicide, or homicide..... Where did injury occur? (City or town) (County)

Injured at home, farm, Industry, public place (where?) Mesns of Injury

Registrar Address

MARGEN RESERVED FOR BINDING

9.45-15M

VS A15

| Evidence | for the | addition | of | | DEPARTMENT | |
|----------|----------|----------|----------|------------|----------------------|-----------|
| date of | death is | shown on | MARYLAND | STATE | DEPARTMENT | OF HEALTH |
| G 109 3/ | 31/47 | | | 2411 N. CI | narles St., Baltimor | · 937 |

| 12.5 | 9 | 4 |
|------|---|---|
| | | |

CERTIFICATE OF DEATH

Reg. Dist. No. 44

| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) |
|--|--|
| City or 10wn. (If outside city or town limits, write RURAL and give nearest town) | State County /3 allo |
| How long in above place of death? | City or town (If outside city or town limits, write RURAL and give nearest town) |
| 1600 Dale Rd. | Street No. 6 6 6 (If rural, give LOCATION) |
| How long in hospital or institution? | 2.(a) If veteran, name war |
| 3. (a) FULL NAME | 3. (b) Social Security Number |
| 4. Sex 5. Color or fice (a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| M W married. | 2D. DATE DF DEATH |
| 6.(6) Name of husband or wife Isabelle nee | 21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from |
| T. Birth date of | 10 7 7 7 19 X 6 10 Dec 8 19 X 6 |
| deceased (mo., day, yr.) Sept. 22-1859 | and that I last saw hat the alive on the same and that I last saw hat the same alive on the same and that I last saw hat the same alive on the same and that I last saw hat the same alive on the same alive of th |
| 8. AGE: Years Months Days If less than one day | Hypostalic Rueumonia |
| and the second s | Chidiae / Failure |
| 9. Birthpiace Walendamy (Town Jounty, and state) | Sue onie hy Carallio in General |
| 10. Usual occupation Returned | age : |
| 11. Industry or business | Due to |
| 12. Name Satruck Logicler, | Other conditions Vivia infertion - cold |
| | (Include pregnancy within 8 months of death) |
| 14. Maiden name. Julia (bickay) 15. Birihplace Deland | Major findings of operations. |
| 2 15. Birthplace Greland | Date of op. |
| 18. Informani Mrs. Isabelle Lawlor | Antopsy results |
| Address 1600 Gale Ad. | 22. VIOLENCE: If death was due to external causes, fill in the following: |
| Buriai, cremation, or removal, Which) | Accident, suicide, or homicide |
| Gemetery or crematory Moreland memoral | Where did injury occur? |
| Landing Taylor due. | Injured at home, farm, Industry, public place (where?) |
| John of Camelly | Meens of injury Injured at work? |
| 18. Funeral director | 1 Jan 100 Hours |
| Autress | 23. SIGNATURE MAXWELL Mund |
| 19. (Date ree'd by registrar) Registrar | Address 417/2 Eastern are Date signed 12-11-46 |
| | Essel 1 starta 21 |

RUNE AU VE

COPY SENT TO SOULL SEGISTRAR NO. DATE 3/16/47 ..

2-440-1-10

DURATION

(State)

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92-0

CERTIFICATE OF DEATH

Reg. Dist. No.

| City or town | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State |
|---|--|
| 3.(a) FULL NAME Tohn F. LEhn | 3. (b) Social Security Number |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Mala White Married 6.(b) Name of heaband or wife Alice U. Lehr | MEDICAL CERTIFICATION 2D. DATE OF DEATH |
| 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day | and that I last saw h. alive on 6 2 19 4 Immediate cause of death DURATION |
| 9. 8 irthplace (Town county, und atate) 10. Usual occupation (Luxub Ex | Due to. |
| 11. Industry or business Own Business 12. Name Sohn Fahr So. 13. Birthplace Balto Md. | Diverto. Dither conditions Chronic Condomic Condomic Conditions Dither conditions (Include pregnancy within 3 months of death) |
| 16. intermant Adress Prince George Rd Villa Hova | Major findings af operations |
| 17. (Burial, cremation, or removal, Which?) Cemetery or crematery Location Date thereot (month) (day) (year) Which?) Location Date thereot (month) (day) (year) | Accident, suicide, or homicide |
| 18. Funeral director Address 1217 St. Paul St. 19. (Date rec'd by registrar) 19. Registrar | 23. SIGNATURE Those Therefore Therefore Address 4509 Therefore Therefore Date signed 12. Jo-7 |

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

| 4 | ADING INK. Supply every item of information carefully. The correct age |
|---------------------------|--|
| • | n carefully. |
| • | information |
| RGIN RESERVED FOR BINDING | ply every item of information carefully. The c |
| ED FOR | supply ev |
| RESERV | INK. |
| RGIN | ADING |

Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNF is especially important.

| 1. PLACE OF DEATH: Baltimore | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) |
|--|--|
| VUIIII fine of the contract of the contr | State Melyland County Bellemens |
| City or town Towson 4. Maryland (If outside city or town limits, write RURAL and give nearest town) | Dundally Botto 22 |
| How long in above place of death? | City or town (17 outside city or town limits, write RURAL and give nearest town) |
| Rospital, Institution, or street address where death occurred: Eudowood Sanatorium. Towson 4. Md. | Street No. 5 18 Oundall Street |
| 1: (1 | (If rural, give LOCATION) |
| How long in hospital or institution? | 2.(a) If veteran, name war |
| Larry Rynslds Lewis | 3. (b) Social Security Number |
| 4. Sax 5. Color, or race 8.(a) Single, married, wildowad, or divorced | MEDICAL CERTIFICATION |
| m buy married | 20. DATE OF DEATH DICLIMAN & 1946 and D |
| 6.(6) Name of husband or wife. Alberth delicit | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from |
| 7, Birth date of | and that I last saw h 311 allva on Secentific & 18/5 |
| deceased (mo., day, yr.) Thomas 211, 1886. | Immediate cause of death |
| 8. AGE: Years Months Days It less than one day | Son James San Ja |
| 40 9 14hrsmin. | Loud from the state of the stat |
| 9. Birthplace | Due to. |
| Charles Lader and a d | liqui |
| | Due to. |
| 11. Industry or business | |
| 12. Name Religion New Market 13, Birthplage Balls Market Market 13, Birthplage Balls Market Market 1998 | Dther conditions |
| 13. Birthplage Backs MA | (Include pregnancy within 3 months of death) |
| 14. Malden name | Major findings of operations. |
| 15. Birthplace Baltoma | Date of op. |
| Personal History - Hospital Records | Autopsy results |
| Address Eudowood Sanatorium, Towson 4, Md | PHYSICIAN: Please underline the cause to which death should be charged statistically. |
| 12 10 10/10/1 | 22. VIOLENCE: if death was due to external causes, fill in the following; |
| (Buriai, cremation, or removal, Whith!) Date thereot (month) (day) (year) | Accident, suicide, or homicide |
| Cemetery or eremetery Balto | Where did injury occur? |
| · Md | injured at home, farm, industry, public place (where?) |
| Location Carlo Dage | Means of injury tnjured at work? |
| 18. Funeral director. | 166 13 . 1 |
| Address 1217 St. Paul St. | 23. SIGNATURE Wall Dudyet |
| 10 12-10 19 46 Dubeaut | M. D. or other |
| (Date rec'd by registrar) Registrar | Address Towson 4, Maryland Date signed 12 8-46 |

2411 N. Charles St., Baltimore



| | | | CERTIFICA | TE OF DEATH Reg, Dist. No. 301 | |
|---|--|--|--------------------------------|--|--|
| Hospital, Institution, or Spring G | Balti Cator outside eity or town I e of death? | imits, write RUR onths, 8 death occurred: Hospita onths, 8 | days | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Maryland Couoty Anne Arundel City or town Annapolis (If outside city or town limits, write RURAL and give nearest town) Street No. P.O. Box 1 (If rural, give LOCATION) 2.(a) It veteran, nams war MEDICAL CERTIFICATION | |
| female | white | | | | |
| Temate | WILTE | Wi | dowed | 20, DATE DF DEATH December 27 19 46 at 7:55 8. | |
| 7. Birth date of deceased (mo., day, | yr.) | 11, 1867 | alive, give ageyea | 21.1 CERTIFY that death occurred on the date, above stated; that I attended deceased from June 19, 1946 19. 10. December 27 19. 46 and that I last sew h. Or. alive on December 27 19. 46. Immediate cause of death. | |
| 8. AGE: Year 7 | | 2.0 | If less than one dayhrsmir | gaugrens of terminal sleum & hour | |
| 9. Birthplace Crisfield, Maryland (Town, county, and state) 10. Usual occupation housewife 11. Industry or busicess 12. Name George W. Lawson 13. Birthplace Maryland | | | | Due to Ju c accerated to runa 48 hou -ight injuried inchiect Due to. Dither conditions. | |
| t4. Maiden name | | W. Lawson | n | (Include pregnancy within 8 months of death) Major findings of eperations. | |
| Address 17. Bat (Burial, cremetics) Cemetery or eremet Location | Hospital Catonsvi Catonsvi Cal Catonsvi Cal Cal Cal Catonsvi Cal Cal Cal Cal Cal Cal Cal Ca | Records 11e 28, 1 Date thereof. More To More T. Paus | (month) (day) (year) # (Jue | Antepsy results. PHYSICIAN: Please underline the cause to which death should he charged statistically. 22. VIOLENCE: if death was due to external causes, fill in the tollowing; Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Mans of injury 10. Injured at work? 23. SIGNATURE. Henry C. A. Mead M. D. or other Catonsville 28, Md. | |
| (Daye rec'd by r | egistrar) | 3 | D Registra | | |

| 2411 N. Charles St., Baltimore / | 3.8 |
|----------------------------------|-----|
|----------------------------------|-----|

| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) | | |
|---|--|--|--|
| County Baltimore | state Maryland County | | |
| City or town Mount Wilson (If outside eity or town limits, write RURAL and give nearest town) | | | |
| How long in above place of death? 1 yrl, 9 mos., 6 days Rospital, Institution, or street address where death occurred: Mt. Wilson | City or town Baltimore (If outside city or town limits, write RURAL and give nearest town) | | |
| Branch. Md. T.B. Sanatorium | Street No. 24 N. Ellwood Avenue | | |
| How long in hospital or inetitution? 1 yr. 9 mos . 9 6 days | (If rural, give LOCATION) | | |
| | 2.(a) If veteran, name war. | | |
| 3. (a) FULL NAME Mr. Albert Linkowski | 3. (b) Social Security Number | | |
| | # Unknown | | |
| 4, Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION | | |
| Male White Married | 20. DATE OF DEATH. December 16, 146 at 12:15A | | |
| 6.(b) Name of hueband or wife. Nadya Linkowski | 21. I CERTIFY that death occurred on the date above etated; that I ettended deceased from | | |
| 6.(0) Name of nueband of wife | March 10, 19.45 to Dec. 16, 19.46 | | |
| 7. Birth date of Assessed 7 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 | and that I last caw h. himalive on December 16, 1946. | | |
| deceased (mo., day, yr.) August 7, 1915 8 AGE: Yeare Months Days It less than one day | Immediate cause of death | | |
| o. Adu. | Pulmonary Tuberculosis 8 yrs. | | |
| 31 4 9min. | | | |
| 9. Birthplace Baltimore, Maryland (Town, county, and state) | Due to Tubercle Bacilli | | |
| None | | | |
| ID. USDAT OCCUPATION | Due to | | |
| 11. industry or business | NT NT | | |
| E 12 Name John Linkowski | Other conditions None | | |
| 13. Birthplace Russia | (Include pregnancy within 3 months of death) | | |
| 置 14. Malden name Tillie Semma | Major fiadiogs ol operation | | |
| 15. Birthplace Russia | Daje of on. | | |
| 16. Intermant Mr. Albert Linkowski | Actors results | | |
| Addrese 24 N. Ellwood Ave., Balto., Md. | PHYSICIAN: Please uoderline the caose to which death should be charged statistically. | | |
| Puniol Doc 10 10/6 | 22. VIOLENCE: It death was due to external causee, fill in the following; | | |
| Burial Date thereof Dec. 19, 1946 (month) (day) (year) | Accident, suicide, or homicide | | |
| cemetery or crematory St. Andrews! Russian Orthodox | Where did Injury occur? | | |
| Location Anne Arundel Co., Maryland | Injured at home, farm, Induetry, public place (where?) | | |
| 18. Funeral director John A. Grebliauckas | Meane of Injury Lyfure at work? | | |
| | Sleuart I Maffer mis | | |
| Addrese 423 S. Paca St., Balto., Md. | 23. SIGNATURE Stewart S. Shaffer, M.D. | | |
| Dec.16, 1,46 Fact T Wie best 17 | | | |
| (Date rec'd by registrar) Registrar | Address Mount Wilson, Md. Date signed 12/16/46 | | |
| rud - 12. | - 18-x6 | | |

MARGIN RESERVED FOR BINDING

WRITE PLEASE A15

DEC 20 1946
BUREAU VI

2-320-1-10

2411 N. Charles St., Baltimore 107

| | Reg. Dist. | No. 4 |
|---|------------|-------|
| _ | | |

| CERTIFICA | TE OF DEATH Reg. Dist. No | <i>Y</i> -1 |
|--|---|--------------------------------|
| 1. PLACE OF DEATH: County Cily or town. (If outside city or town limits, write RUKAL and give nearest town) How long in above place of death? Nospital, insiltution, or street address where death occurred: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County | mree town) |
| How long in hospital or institution? 3. (a) FULL NAME | 2.(2) If veteran, name war | |
| Leanette Likscomb | 3. (0) Social Security | 142mber |
| 4. Sex (5. Color or race (Colo.) Single, married, widowed, or divorced (Colo.) Married | MEDICAL CERTIFICATION 20. BATE OF BEATH December 8, 19.46 | at 6 45 M |
| 6.(b) Name of husband or wife Fred Supperson . 6.(c) If allve, give age year 7. 8 Irth date of | 21. I CERTIFY that death occurred on the date above stated: that I atlended dec Desember 7, 19.46 to Seconds and that I last saw 14.47 21/19 on Desember 8, | eased from 48, 1946 |
| 8. AGE: Years Aonths Days If less than one day LLO Chr. Feels 268 | Immediate cause of death formship lineumone | OURATION 36 have |
| 9. Birthplace | Due to Followed best Bronchitis | |
| 10. Usual occupation | Due to | |
| 12. Hame Charles Sea Well 13. Birthplace Virginia | Other conditions | |
| 14. Maiden name Mindie Cotle 15. Birthplace Vagana | Major findings of operations | •••••••••••••••••••••••••••••• |
| 18. Informant Levoy Dea Well | Autopsy results | |
| Address 60 2 Mars Street Stree | 22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide | |
| Cemetery or crematory. A structure Messa - Caspa . | Where did injury occur? | (State) |
| 18. Funeral director Metrysolutur Juneal Home Inc | Means of Injury Injured at work? | 200 |
| Address 927. N. Mount 31. 19. 12. (Date rec'd by registrar) Registra Registra | | or other 12-8-46 |

2411 N. Charles St., Baltimore 1770

| 11000 | 0 |
|---------------------|----|
| Reg. Dist. No. | 80 |
| Itegi Disti Itoissa | |

| Ġ. | CERTIFICA | CERTIFICATE OF DEATH | | | |
|---|---|--|---|--|--|
| should carefully be supplied arly and legibly. | 1. PLACE OF DEATH: County | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State | re | | |
| DING information shot of death clearly | 3. (a) FULL NAME 4. Sex 5. Color or race 6. (a) Single, married, wildowed, or divorced | 3. (b) Social Secur | | | |
| R BINDING tem of infor | 8 (b) Name of husband or wife Annue E.A. | 2D. DATE DF DEATH 2 | deceased from | | |
| RESERVED FOR BINI G INK. Every item of s: please write the causes | deceased (mo., day, yr.) 8. AGE: Years Month Days if less than one day 4. 5 | Immediate cause of death. Coral of death. | DURATION /8 Lines | | |
| MARGIN RESERV UNFADING INK. Physicians: please | 1D. Usual occupation ———————————————————————————————————— | Due to Cl. Tieller | maeten | | |
| WITH Important | 13. Birthplace 14. Malden name 15. Birthplace 16. Informant Min. Annie Latterer | (Include pregnancy within 8 months of death) Major findings: Df operations | PHYSICIAN Please underlifthe cause to white death should be charged statisti- | | |
| E PLAINLY is especially | Address 372/ Bagley avenue 17. Della (Burisl, cremation, or removal Which) Cemetery or crematory (month) (day) (year) | D1 autopsy | cally. | | |
| S A15 LEASE, WRIT) | 18. Funeral director Congrad Acceptance Address 53/05 - Harrfard Cd. | tnjured at home, farm, industry, public place (where?) Means of Injury 79jured at work? | | | |
| > A | 19. (Date rec'd by registrar) Registrar | GAddres 321 Devlerkkates | lgned | | |

1945 - pre 1901 - 2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 234

CERTIFICATE OF DEATH

| | tvg. viete iv. administration |
|---|---|
| 1. PLACE OF DEATH: County Beltimore | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) |
| Catonsville | state Maryland county Baltimore |
| (If outside city or town limits, write RURAL and give nearest to | Catonsville (If outside city or town limits, write RURAL and give nearest town) |
| Hospital, institution, or street address where death occurred: | Street No. 44 Winters Lane (If rural, give LOCATION) |
| How long in hospital or institution? | 2.(a) If veteran, name war |
| 3. (a) FULL NAME | 3. (b) Social Security Number |
| WILLIAM HARRISON MAN | OKOO |
| 4. Sex Male 5. Color or race 5.(a) Single, married, widowed, or divorced Married | MEDICAL CERTIFICATION |
| | 2D. DATE OF DEATH OF SECTION DELLE 19. 4 G. at J.DO. N |
| 6.(b) Name of husband or wife Violet Manokoo S.(c) If alive, give age S.(c) If alive, give age Section deceased (mo., day, yr.) October 4. 1870 | 11-16-46 10 105-6-1979 |
| deceased (mo., day, yr.) October 4, 1870 | Immediate couse of death |
| 76 2 2hrs. | min. // alit HEMISBALL 20 |
| 9. Birihplace Dorchester, Md.a. (Town, county, and state) 1D. Usuat occupation Minister 11. Industry or business | Due to Sulerio sellioseo? |
| 12. Name William H. Manokoo Md. | |
| E 14. Malden name. Lee Sanders. | (Include pregnancy within 3 months of death) |
| 14. Malden name. Lee Sanders. 2 15. Birthplace Md. | Major findings of operations. |
| 16. Informant Mrs. Violet Wanokoo | |
| Address 44 Winters Lane | PHYSICIAN: Flease underline the cause to which death should be charged statistically. |
| 17. Burial (Burial, cremation, or removal, Which?) Date thereof 12 10 46 (month) (day) (y | 22. VIOLENCE: If death was due to externat causes, fill in the following; ear) Accident, suicide, or homicide |
| Cemetery or crematory | Where did injury occur? |
| Location Baltimore Co., Md. | |
| 18. Funeral director Mrs. Frances A. Hemsley | Manage of Salama |
| Address 578 W. Biddle St. | Post Malaney M.D |
| 19. 12-9 1946 Bathere | 23. SIGNATURE. M. D. or uther M. D. or uther Registrat Fidness Albustull Rate signed 12-6-46 |

| | UNE |
|----------|----------|
| • | WITH UNF |
| • | PLAINLY, |
| 9-45-15M | WRITE |
| CIE C | PLEASE |

2411 N. Charles St., Baltimore 934

CERTIFICATE OF DEATH &

| 4 4 5 5 7 7 1 | |
|-------------------|----|
| 77000 | |
| 11838 03 | D. |
| 7 7 1 0 0 0 5 7 3 | 0 |
| Reg. Diat. No. | |

| Catonsville City or town. Cit outside city or town limits, write RURAL and give nearest town) How long in above place of death? 1 month, 4 days Hospital, institution, or street address where death occurred: Spring Grove S, ate Hospital | | | | | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State | | |
|--|-------------|---------------|-------------|----------------------------------|--|------------------|---|
| | | | | | | | |
| 4. Sex | 5. | Color or race | 6.(a)Single | e, married, widowed, or divorced | MEDICAL CERTIFICATION | | |
| f | | w | | married | | 19 46 | 7:40 a |
| 6,(b) Name of husband or wife John Markiewicz 6,(c) If alive, give age ? years 7. Birth data of | | | | | 21. 1 CERTIFY that death occurred on the date ab | , to | 19 |
| deceased (mo., | day, yr.) | Januar | | | Immediais cause of death | | DURATION |
| 8. AGE: | Years 61 | Months 11 | Days 9 | If less than one day | Brute Cardine | Lailure | *************************************** |
| 9. Birthplace | | | | | Due to | | |
| Address Catonsville 28, Md. | | | | | PHYSICIAN: Please underline the cause to w 22. VIOLENCE: If death was due to external ca | | tatistically. |
| 17. Burial Date thereof (month) (das) (year) Cemetery or crematory It Stamslaus Cernitary Location Dundalk are | | | | is Cemetery | Accident, suicide, or homicide | (County) | (State) |
| 18. Funeral dire | 31 | Thus | | la. N. Geline | 23. SIGNATURE Set IT | tnjured at work? | an Aball |
| (Date rec'd | by registr | ar)] - | 25 | Registrar | Address / Old | Date signed | 7,70 |

CHANGE OF AGE: CITY HEALTH DEPT CER. of birth for deceased #57534 showing correct date as below changed. MARYLAND STATE DEPARTMENT OF HEALTH date as below changed. LL 12-30-46 (Miss ". Krause. 2411 N. Charles St., Baltimore Balto. City Mealth Dept.) CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: ormation carefully. The codeath clearly and legibly. ... Couply Bal Ilf outside city or town limits, write RURAL and give nearest town) How long in above place of death?.... Hospital, Institution, or street address whore death occurred: How long in hospital or institution?.... information of death 3. (b) Social Security Number 3. (a) FULL NAME MEDICAL CERTIFICATION 4. Sex causes 20. DATE OF DEATH 2 December 19 4 to 21 8/5 PM BINDIN 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from nor 1946 10 2 Dec FOR 7. Birth date of deceased (mo., day, yr.) DURATION 8 days MARGIN RESERVED d (Town, county, and state 10. Usual occupation. In any lac 13. Birthplace (Include pregnancy within 3 months of death) Major findings of operations.... 2 15. Birthplace PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the following: PLA] Accident, suicide, or homicide..... (month) (day) (year) Where did Injury occur? (City or town) Injured at home, farm, industry, public place (where?) Means of Injury PLEASE Address Registrar (Date rec'd by registrar)

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (830)

| 1840 | 341 |
|-----------|-----|
| Dist. No. | 101 |

CERTIFICATE OF DEATH

| 1. PLACE OF DEATH: County 550/ EDMONSTON AVENUE BOATINGS | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State | | |
|--|--|--|--|
| City of Jown | Burn - Commelle | | |
| How long in above place of death? | City or town | | |
| Hospital, Institution, or street address where death occurred: | Street No. | | |
| | (If rural, give LOCATION) | | |
| How long in hospital or institution? | 2.(a) If veteran, name war | | |
| 3. (a) FULL NAME Eurely More will | 3. (b) Social Security Number | | |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION | | |
| FEMALE WHITE SINGLE | 20. DATE OF DEATH. DEC 16 1946, 21 730A M | | |
| 6,(b) Name of husband or wife | 21. LCERTIFY that death occurred on the date above stated; that I pitended deceased from | | |
| 6.(c) If alive, give age | Coex 1 1946, to DEC 16 1946 | | |
| 7. Birth date of | and that I last saw halive on | | |
| deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day | Immediate cause of death DURATION | | |
| S. AGE: Tests months Usys These times one day | Lee Orse Wellarshage 2 days | | |
| | | | |
| 9. Birthplace (Town, county, and state) | Due to See to Se | | |
| 9. Birthplace DALTA MD. Town, county, and state) The state occupation AT HUTZLERS. DEPT. STORE | | | |
| 777 | Due to | | |
| 11. Industry or business | | | |
| 12. Name JOHN MH LWELL 13. Birthplace | Dther conditions | | |
| | (Include pregnancy within 3 months of death) | | |
| 14. Malden name BBIDGET 7 15. Birthplace | Major findings of operatious. | | |
| ∑ 15. Birthplace — | Dato of op. | | |
| 16. Informant MR. JOHN BOCHOFORT | Autoper results. | | |
| | PHYSICIAN: Please underline the cause to which death should be charged statistically. | | |
| Address 325 F. 25th St. | 22. VIOLENCE: If death was due to external causes, fill in the following: | | |
| 17. Bu R. A. C. Bate thereof. (month) (day) (year) | Accident, suicide, or homicide | | |
| Cemetery or crematory CHTHE DRAL Q. 5.M. | MI 313 1-1 9 | | |
| | | | |
| Location C | Injured at home, farm, industry, public place (where?) | | |
| 18. Funeral director. WIEDEFELD & JON | Means of injury Injured af work? | | |
| Address GREENMOUNT AVE & JIND ST. | Alle Thowell | | |
| 11/1846 Payeline | 723. SIGNATURE M. D. or other M. D. or other | | |
| (Date rec'd by registrar) | Address Decorate Date signed Total | | |

2411 N. Charles St., Baltim

CERTIFICATE OF DEATH

| ore | 23-0 | |
|-----|------|--|
|-----|------|--|

Reg. Dist. No.

| | 190 | | |
|--|---|-----------|--|
| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) | | |
| County | 101 | | |
| (If outside city or town limits, write RURAL and give nearest town) | State County County | | |
| How long in above place of death? | City or town (If outside city or town limits, write RURAL and give nearest town) | | |
| Hospital, Institution, or street address where death occurred: | Street No. 3 129 muford and Backs 7 | | |
| Velus Hospital FT Howard U. | (If rural, give LOCATION) | | |
| How tong In hospital or Institution? | 2.(a) if veteran, name war. Noved War f | ***** | |
| 3. (a) FULL NAME | 3. (b) Social Security Number | | |
| Front Edward Mc 9 | Lee | | |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION | | |
| M Wh M | 20. DATE OF DEATH. 12 / 3/ /4 6 19 21 /2 5 | D. A.N | |
| 6, (b) Name of husband or wife Police M. Mc Gre | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from | | |
| 0. 12 1223 | 12/30/4/2 18 10/2/3//4/618 | | |
| 7. Birth date of | and that I last saw h say allve on 12/3/146 | ********* | |
| deceased (mo., day, yr.) Dec. 15-1893 | Immediate cause of death DURATI | IDN | |
| 8. AGE: Years Months Days II less than one day 5-3 0 15 | Cereprol humanlage 6hr | A | |
| 9. Birthplace | Due to layperfusion 3/124 | le t | |
| 10. Usual occupation | Due to. | | |
| 11. Industry or business Balding Roling Fore | USE 10 | | |
| 12. Name 12. | Dither conditions | ******* | |
| K | (Include pregnancy within 3 months of death) | | |
| 14. Maiden name Annual | Majer findings of operations. | | |
| E 15. Birthplace Balgin one | Date of op, | | |
| 16. Informant | Autepsy results. None | | |
| Address B129 Nilforday Balto | PHYSICIAN: Please underline the caose te which death should be charged statistically. | | |
| 12 Buriel Am lea 31047 | 22. VIOLENCE: If death was due to external causes, fill in the following; | | |
| (Burlal, cremation, or removal. Which?) | Accident, suicide, or homicide | | |
| Cemetery or crematory Madion af Camberry | Where did injury occur? | | |
| Location Balys | injured at home, farm, Industry, public place (where?) | | |
| 18. Funeral director Harry Witzke | Means of Injury Injured at work? | | |
| Address 4101 Elluonom ane. | PATA JUN 11D | | |
| 1-2 Vs Autolind | 23. SIGNATURE M., D. or other | | |
| 19. (Date rec'd by registrar) Registrar | Address + Haward Vitram / topped 12/31 | 146 | |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

9-45-15 M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

| 1. PLACE OF DEATH: | | | | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) | | |
|---|--|--|---|---|------------------------------------|---|
| CountyBaltimore | | | *************************************** | | | |
| City or town | | | | State Manyland County Baltimore City or town Oella (If outside city or town limits, write RURAL and give nearest town) | | |
| How long in above place of death? | | | d: | (If outside city or town limits, write RURAL and give nearest town) Street No. 108. Oc. 12. Ave. (If rural, give LOCATION) | | |
| How long in hospital or institution? | | | | 2.(a) If veteran, name war | | |
| 3. (a) FULL NAME | | | 3. (b) Social Security N | lumber | | |
| | ATh | ant W | anny Madeiny | | 9 | |
| 4. Sex | 5. Color or race | 6.(a)Sing | enry Medairy | MEDICAL CE | RTIFICATION | |
| М | W | Mai | rried | 20, DATE OF DEATH Dec. | | at 545 PM |
| | or wife Este | | | 21. I CERTIFY that death occurred on the date above | ve stated; That I allended decease | sed from |
| *************************************** | | 6.(| c) If alive, give ageyears | Dec 29 19.5 | | |
| 7. Birth date of deceased (mo., day, yr.) Oct. 22, 1884 | | and that I last saw halive on | | | | |
| 8. AGE: Year | The second secon | Days | If less than one day | Immediate cause of death Occlus | | 36 km |
| 6 | 2 2 | 7 | hrs,mln. | 0. | | |
| 9. Birihplace Maryland (Town, county, and state) | | | state) | Due to | | *************************************** |
| | | | | Due to | | M ** 1 ** 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1 |
| 1t. Industry or busine | ss Woolen | Mill | | DUE 10 | | |
| 12. Name | Wm.A.Me | dairy | | Biber conditions | | |
| 12. Name | N | d. | | | | |
| 14. Malden name Mary E. Leister | | (Include pregnancy within 3 months of death) | | | | |
| E 14. maigen name | | | G. L | Major findings of operations. | | |
| 15. Birthplace Mid. | | | | | Date of op | |
| 16. Informant Estella Medairy | | Autopsy results | | | | |
| Address Oella, Md. | | | | | | the second of |
| 17. Burial (Burial, cremation, or removal, Which?) Date Ihereo Jan. 1, 1947 (month) (day) (year) | | | Jan. 1, 1947 | 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide | | |
| Cemetery or crematory. St. Johns. | | | | Where did injury occur? | | |
| LocationE | Clicott | City, | Md | Injured at home, farm, Industry, public place (wh | | |
| 18. Funeral director F. C. Higin bothom | | | | Means of tnjury Injured at work? | | |
| 1-1- | Ellico | | 4 | 18m P. 11 | ahme in | 2 |
| 10/2-3/ | - 1046 | Ahr | ris Alleller | 23. SIGNATURE | ahum h | r other |
| (Data ree'd by r | egistrar) | | Registrar | Address Cucuttly | Date signed(| 12/2/46 |



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83:00



CERTIFICATE OF DEATH Reg. Diat. No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) County / 1703 (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?............ Hospilal, Institution, or street address where death occurred: (If rural, give LOCATION) How long in hospital or institution?.. 2.(a) If veteran, name war. 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION 21. I CERTHY that death occurred on the date above stated; that I atjended deceased from 6.(b) Name of husband or wife. .B.(c) If alive, give age .. 7. Rirth date of deceased (mo., day, yr.) **DURATION** If less than one day 8. AGE: 9. Sirthplace... (Town, county, and state) 10. Usual occupation.... (Include pregnancy within 8 months of death) Major findings of operations..... 16. Informant PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 22. VIOLENCE: If death was due to external causes, flil in the following: Accident, suicide, or homicide..... Where did Injury occur? (City or town) (County) injured at home, farm, industry, public place (where?) Injured at work? Means of Injury 23. SIGNATURE M.D. or other

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MARGIN RESERVED FOR BINDING

information carefully. The coof death clearly and legibly.

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ADING INK Physicians:

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

| 1 | 40 | 8 | 1 | 1 |
|---|----|---|---|---|
| L | K | U | X | 2 |
| | | | | |

Reg. Dist. No. 30

| 1. PLACE OF DEATH: County Balton | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) |
|---|--|
| 1 111100 11.1 . 1 . 200 . 100 | State Md County D3/6/2017 |
| City or town (If outside city or town limits, write RURAL and give nearest town) | D // D / |
| How long in above place of death? | (if outside city or town limits, write RURAL and give nearest town) |
| Nospital, Institution, or street address where death occurred: | Street No. 14 0 9 HIGHNIEW ANS |
| | (If rural, givo LOCATION) |
| How long in hospital or institution? | 2.(a) If veteran, name war |
| 3. (a) FULL NAME | 3. (b) Social Security Number |
| Margaret. Hyna | Weler hope |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| T Widone L | 20. DATE OF DEATH 12/ 4 19/6 at 10/A |
| Charles | 21. I CERTIEY that death accurred on the date above stated: that I attended deceased from |
| 6.(b) Name of husband or wife. | 1111 11 18 4 6 , to At C 4 18 4 6 |
| 7. Birth date of | and that I last saw h La zilive on 12/4 19/4 |
| deceased (mo., day, yr.) 7eb, 21, 1866 | Immediate cause of death DURATION |
| 8. AGE: Years Months Days If less than one day | Weer of al Lewer hear 14dy |
| 80. 9. 23hrsmln. | |
| 9. Birthplace (Town, county, and state) | Due to. |
| 10. Usual occupation House wife | |
| | Due to |
| 11. Industry or business | |
| 12. Name Substituting The Substitution of the | Other condition |
| E 11 | (Include pregnancy within 8 months of death) |
| 14. Maiden name | Major findings of operations. |
| El 15. Birthplace | Date of op. |
| 16. Informant 1.7.5 1 Santa Chart | Autopsy results |
| Address 4409 Highrien Ave | PHYSICIAN: Please nuderline the cause to which death should be charged statistically. |
| 17 Burial Date thereof Dec 7, 1946 | 22. VIOLENCE: If death was due to external causes, fill in the following; |
| (Burial, cremation, or removal. Which?) Date thereof. (month) (day) (yeur) | Accident, suicide, or homtcide |
| Cemetery or crematory Auctory Tay | Where did injury occur? (City or town) (Connty) (State) |
| Location Baltimore Md | Injured at home, farm, Industry, public place (where?) |
| 1/20 tec/1 | Means of Injury Injured at work? |
| 18. Funeral director | 0 0 2 0 |
| Address 1217 St Byl St Deltimore Mo | 23. SIGNATURE D. V. Allagta |
| 12/6 , 46 B.W. Bedrick | M. D. or other |
| (Dute rec(d by registrar) Registrar | Address Addres |

RESTRICTED THREE STATE STATE STATES OF

CERTIFICATE OF DEADLE

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DEC 1946
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 60

CERTIFICATE OF DEATH

| · / CERTITION | Reg. Diat. No. |
|---|---|
| 1. PLACE OF DEATH: County City of fown. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Messital, institution, or street address where death occurred: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State |
| How long in hospital or institution? | 2.(a) If veteran, name war |
| 3. (a) FULL NAME Emma Mephan | 3. (b) Social Security Number |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Hannela White Married | MEDICAL CERTIFICATION 20. DATE OF DEATH SEC 20 1946, 91 4004 |
| 6.(b) Name of husband or who Robard Mehham 5.(c) It alive, give age years 7. Birth date of | 21. I CERTIFY that death occurred on the date above stateds (Man attended deceased from |
| 7. Birth date of deceased (mo., day, yr.) May 13th 1894 | and that I last saw h |
| 8. AGE: Years Months Days It less than one day 7 7 | Immediate cause of death Auch Auch Auch Auch Auch Auch Auch Auc |
| 9. Birthplace | Due to Jesse al leaventona |
| 11. Usual occupation | Due (g/ |
| 11. Industry or business 12. Name 13. Birthplace Trance | Bther conditions . |
| 14. Maiden name Carolina (Unknown) 15. Birthplace Trane t | (Include pregnancy within 8 months of death) Major fiudiogs of operations. Major fiudiogs of operations. Date of op. |
| 16. Interment Roland Mephani Address Swynn Oak Station Balto. T | Autopsy results. PHYSICIAN: Please woderline the caose to which death shoold ha charged statistically. |
| 17. Burial, oremation, or removal. Whichit) (Burial, oremation, or removal. Whichit) (Burial, oremation, or removal. Whichit) | 22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide. Date of |
| Location | Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) |
| 18. Funeral director William Cook Suc. Address 1217 St. Paul St. | Means of Injury Injured at work? |
| 19. 17/23 146 BNHedrid | 23. SIGNATURE 19 Lablan Grove 1974 Kd |

state infor-OCCUPA. Jo . Every AGE should be stated EXACTLY. PHYSICIANS REC CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. TH UNFADING INK-THIS IS A PERMANEN MARGIN RESERVED FOR BINDING mation should be carefully supplied. N. B.-WRITE PLAI V. S. No. 1

| STATE OF MARYLAND- | CERTIFICATE OF DEATH 46 |
|---|--|
| 1. PLACE OF DEATH | 920 |
| County (Baltimore | Registration Dist. No. |
| Village or City Cotousville | No. 6 Wade are St., Ward |
| | If death occurred in a hospital or institution, give its NAME instead of street and number) s |
| () · () · () | |
| 2. FULL NAME Glimina V. Mudd | leke amfa U. S. Veteran, specify WAR |
| (a) Residence: Np. Q Wall like (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word) Fluide White Widowed, Sa. If merried, widowed, or divorced | 21. DATE OF DEATH (Month) (Day) (Yeer) |
| HUSBAND of John H. Middle Ramfe | June 1 HEREBY CERTIFY. That I attended deceased from 19 7 % to December 8, 19 46 |
| 6. DATE OF BIRTH (month, day, and year) July. 17-1860 | I lest saw her alive on we 7,0,1946; deeth is said |
| 7. AGE Years Months Days If LESS than | to heve occurred on the date stated above, atm. |
| 86. 4. 21. ormin. | The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance were es follows: |
| 8. Trede, profession, or perticular kind of work done, as SPINNER, SPONNE Duties SAWYER, BDDKKEEPER, etc Louis | My ocarditi- |
| kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date decessed last worked at this occupation (month end | |
| 10. Date decessed last worked at this occupation (month end spent in this occupation wear) | |
| 12. BIRTHPLACE (city or town) Baltimore Ind | Dther Contributory Causes of Importance: |
| (State or country) | attenischen . |
| 13. NAME Goline P. Me. Sonald 14. BIRTHPLACE (city or town) | |
| 14. BIRTHPLACE (city or town) | Name of operation Date of |
| (State of Country) Hebitania | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME Coatherine Fitz Catrick 16. BIRTHPLACE (city or town) (State or country) | 23. If death was due to external causes (VIDL ENCE) fill In also the following: |
| 16. BIRTHPLACE (city or town) (State or country) Stellard | Accident, suicide, or homicide?, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19 |
| 17. INFORMANT Jurs Elmira V. Clabang | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL Burial | |
| Place St. Johns Com. Date Doc Il. 194 | Manner of injury |
| 19. UNDERTAKER Quarrie Cook. Syfres | 24. Was disease or injury in any way related to occupetion of deceased? If so, specify |
| 20. FILED / V-10, 1949 FREGISTRAT. | (Signed) Well war ten 81 - Balking |

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II

| - The state of the | | | |
|--|--|--|--|
| Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| 1915 | Attack of epilepsy | 1 week ago | |
| 1921 | Run over by street car | 1 week ago | |
| July 5,1927 | Perilonilis | 3 days ago | |
| | Other contributory causes of importance: | | |
| May 1,1923 | Gastroenteritis | 1 year | |
| | | | |
| | 1915 1921 July 5,1927 | of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance: | |

| ADDITIONAL | SPACE FO | OR FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|----------|------------|------------|----|-----------|
| | | | | | |

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (922)

Reg. Dist. No. 30

CERTIFICATE OF DEATH

| The state of the s | |
|--|---|
| 1. PLACE OF DEATH: Baltimorde | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) |
| City of town # 7 County (If outside city or town limits, write RUKAL and give nearest town) | State That had good County Delight Was I be |
| Now long in above place of death? | (If outside city or town limits, write RURAL and give nearest town) |
| Hospital, Institution, or street address where death occurred: | Street No. 47 Bull Translated Auch |
| How long in hospital or institution? | 2.(a) If veteran, name war |
| 3. (a) FULL NAME | 3. (b) Social Security Number |
| 4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| Fremale White Widow | 20. DATE DE DEATH DOLL 213 , 19 246, 21/2:30 AM |
| 8.(b) Name of husband or wife Alexand Co. A. Thulles | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from |
| B.(c) If alive, give ageyears | 19.3 10.4 2 2 3 |
| 7. Birth date of deceased (mo., day, yr.) | and that I last saw have alive on 19.50. |
| 8. AGE: Years Months Days If less than one day | Immediate cause of death DURATION |
| 80 4 16hrsmin. | J. J |
| masitta, Pa. | Que ta // Nouveul |
| 9. Birthpiace (Town, county, and state) | 15 mg. |
| 10. Usual occupation April Bloom de Marie de Mar | Charles our discourse littles |
| 11. Industry or business Deposit Samuel D | / |
| El Man let une babl | Other conditions alestinge probles 8 years |
| 12. Name 2 13. Birthplace Weller 12. Market Merrica | following Choleuslectown & |
| 14. Maiden name about & Stumb | (Include pregnaucy within 3 months of death) |
| | Major findings of operations. |
| 5 15. Birthplace Haffenheim Termen | W. Myenes HTTLE Date of op. 730 |
| 1B. Informant Africa 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Autopsy results |
| Address 47 Boloomskeese And Car | |
| 17 Busial Bate thereof Dec 26, 194 | 22. VIOLENCE: If death was due to external causes, fill in the following: |
| (Burial, eremation, or removal, Which?) | Accident, suicide, or homicide |
| Cemetery or crematory Lesse Little Late Lesse | Where did lajury occur? (City or town) (County) (State) |
| Location Old Frallesick RD Baltom | injured at home, farm, industry, public place (where?) |
| 18. Funeral director Estata Storia | Means of injury Igjured at work? |
| Address 608 Friedlick Ane Catons | / M. Henrig M. D |
| 12- 25- 46 Harry Maker | 23. SIGNATURE De June 10. D. or other 4. 4. |
| (Date recid by registrar) | Address (f) The Board Mr. A. S. Bate Grand Mr. A. |

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /25

| | 1 | 18 | 4 | 8 | , |
|----|-------|-----|---|---|---|
| æ. | Diat. | No. | | > |) |

CERTIFICATE OF DEATH R 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) Baltimore County. State Maryland Cet onsville
(If outside city or town limits, write RURAL and give nearest town) Raltimore.
(If outside city or town limits, write RURAL and give nearest town) City or town.... How long in above place of death? 8 years 5 months, 29 days Hospital, Institution, or street address where death occurred: Street No. 809 South Fast Street Sp ing Grove State Hospital (If rural, give LOCATION) How long in hospital or Institution? 8 years 5 months 29 days 2.(a) If yeleran, name war..... 3. (a) FULL NAME 3. (b) Social Security Number William J. Moody muli b.(a) Single, married, widowed, or divorced 4. Sex 5. Color or ruce MEDICAL CERTIFICATION Male White Single 20. DATE OF DEATH. December 14, 1946 19 21 6:00A M 21. I CERTIFY that death occurred on the dato above stated: that I attended deceased from July 18, 1938 19 10 December 14:9 46 and that I last saw h im alive on December 14. 1946 19 7. Sirth date of January 27, 1870 deceased (mo., day, yr.) BURATION Months Bays If less than one day 8. AGE: Acute cardiac inferction 1 hour 76 10 Indefin: 9. Birthplace Baltimore Maryland (Town, county, and state) Due to Chronic Coronary disease None 1B. Usual occupation... Due to Chronic hypertensive C-V disease 1f. Industry or business William Moody Other conditions hepatic cirrhosis, cystic 12. Name... kidney disease; arrested pulm. the Massachussetts 13. Birthniace 14. Malden na 15. Birthplace Mary A. Brow 14. Malden name..... Maryland 16. Informent Hospital records. PHYStCIAN: Flease underline the cause to which death should be charged statistically. Catonsville, 28, Maryland 22. VIOLENCE: If death was due to external causes, fill in the following: (Burial, cremation, or removal, Which?) Accident, suicide, or homicide..... (month) (day) (year) Where did injury occur?(City or town) Cemetery or crematory.... (County) injured at home, farm, industry, public place (where?) tolured at work? Means of Injury 1B. Funeral director .. Address

23. SIGNATURE

Henry C. A. Mead. Catonsville. 28, M

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



11849

| CERTIFICAT | TE OF DEATH Reg. Dist. No. 330 | | | |
|--|---|--|--|--|
| 1. PLACE OF DEATH: County. Baltimore City or town. Owings Mills (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 2 yrs 5 mos Hospital, institution, or street address where death occurred: Dolfield Rd Owings Mills How long in hospital or institution? | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State | | | |
| 3.(a) FULL NAME Priscilla Shorb Moser | 3. (b) Social Security Number | | | |
| 4. Sex Solor or race B.(a)Single, married, widowed, or divorced W | MEDICAL CERTIFICATION 20. DATE OF DEATH 1946, at 12 // | | | |
| 8.(b) Name of husband or wife. John B Moser 8.(c) If alive, give ageyears 7. Birth date of deceased (mo., day, yr.) July 19 1870 | 21. I CERTIFY that death occurred on the date above stated: that I allended deceased from 18 | | | |
| 8. AGE: Years 76 Months 7 Days If less than one day 7hrsmin. Carroll County Md | My orașdiis - cpronis Accompensativa 2 1/12 | | | |
| (Town, county, und state) 10. Usual occupation Housewife 11. Industry or businese 12. Name - Shorb 13. Birthplace Frederick County Md 14. Maiden name Elizabeth Stambaugh 15. Birthplace Frederick County Md 16. Informant Mrs Fred. Bates Address Owings Mills Md | Due to | | | |
| tocallon telegraphics and the second states and the second states are second states as a second state and the second states are second states as a second state and the second states are second states as a second state and states are second states as a second state and second states are second states as a second state and second states are second state | Accident, suicide, or homicide | | | |

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PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 30-2

CERTIFICATE OF DEATH

Reg. Dist. No.

| 1. PLACE OF DEATH: County Baltimore City of town Fort Howard, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Acspital, institution, or street address where death occurred: Vets, Adm. Hosp., Fort Howard, Maryland How long in hospital or institution? 42 days | d (If outside city or town limits, write RURAL and give neare | | |
|--|---|-----------------------|--|
| 3. (a) FULL NAME | 3. (b) Social Security | | |
| GEORGE MOSES, JR. | | | |
| 4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced | MEDICAL CERTIFICATION | | |
| Male Colored Married | 20. DATE OF DEATH December 18 19.46 | at 5:15 R | |
| 6.(b) Name of husband or wife | | r 18 ₁₉ 46 | |
| 8. AGE: Years Months Days If less than one day | Immedia: cause of death | | |
| 48 3 3hrsmin. | WITH RUPTURE | | |
| 8. Birthplace Darlington, South Carolina (Town, county, and state) 10. Usual occupation. Unemployed 11. industry or business | Due to | | |
| 置 12. Name George Moses | Other conditions. | * | |
| 3. Birthplace South Carolina | (Include pregnancy within 3 months of death) | | |
| 14. Maiden name. Lucy Gandy 15. Birthplace South Carolina | (Include pregnancy within 3 months of death) Major findings of operations | | |
| 16. Informant Clinical Records Vets.Adm. Hosp. | Autopsy results. Substantiated above PHYSICIAN: Please underline the cause to which death shantd he charged | | |
| 17. Burial, cremation, or removal. Which?) Date thereof | 22. VIOLENCE: 11 death was due to external causes, fill in the following: Accident, suicide, or homicide | | |
| Cemetery or cremetory | Where did injury occur? | | |
| 18. Funeral director Charles A. Zam | Msens of Injury Robert M. Colleson | | |
| 19. 17/20 19/46 A-W. Hedrick (Date ref d by registrar) Registrar | 23. SIGNATURE R. M. CULLISON, M.D. CLIN.I. M.D. Address, VAH FT. HOWARD, MD. Date signed. | | |

VS A15

| MARYLAND | STATE | DEPARTMENT | OF | HEALTH |
|----------|-------|------------|----|--------|

2411 N. Charles St., Baltimore

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Reg. Diat. No.

| 1. PLACE OF DEATH: County Balto. | | | | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) | | |
|---------------------------------------|--|-----------------|---|---|---|----------------------|
| | | | | State Md. Couply Balto. | | |
| Gry or town | City or town Catonsville (If outside city or town limits, write RURAL and give nearest town) | | | | | |
| | | | ••••• | (If outside city or town tim | its, write RURAL and give ne | arest town) |
| | , or street address where | | | Street No. 416 Inglesi | de Ave. | |
| | 416 Ingleside Ave. | | | (If rural, gi | ve LOCATION) | |
| How long in hospita | al or Institution? | *************** | *************************************** | 2.(a) If veteran, name war | *************************************** | |
| 3. (a) FULL NA | ME | | CHARLES E. PIER | CE | 3. (b) Social Security | Number |
| 4. Sex | 5. Color or race | 8.(a)Sing | le, married, widowed, or divorced | MEDICAL O | CERTIFICATION | |
| Male | White | | Single | | | 10 • 00P |
| | 1 | | | 20. DATE OF DEATH | 19. 46 | , 21 |
| | | | c) if alive, give ageyears | 21. I CERTIFY that death occurred on the date a | otto Dec | 7 19.46 |
| 7. Birth date of deceased (mo., da | Sar | ot. 5, | 1873 | and that I last saw h!.233alive on | | |
| | ears Months | Days | tf tess than one day | Immediate cause of death | | DURATION |
| 73 | 3 | 2 | hrs min. | Coronary | Mrombours | 17/11 |
| | la mrl and | | | | | |
| 9. Birthplace | (Town, | county, and | atate) | Luctor Uo | 7/1/15 | 741. |
| 10. Usual occupation | Stone Mas | son | | | | |
| 11. industry or busi | 2.30 | | | Due to | 411 | 541 |
| | 111034 | erce | | | | |
| E | | rer co | *************************************** | Other conditions | *************************************** | ******************** |
| | | | | (Include pregnancy within | 3 months of death) | |
| 14. Maiden na 15. Birthplace | me Alice Ti | ripplet | τ | Major findings of operations | | |
| OM 15 Richalass | Md. | | | | | |
| | | aita a | iston | | | |
| 16. Informant | | | ister | Antopsy results | | |
| Address | 2101 W. 1 | North A | .V0. | | | Madracany. |
| Bure | ial | - | 12/11/46 | 22. VtOLENCE: If death was due to external o | | |
| (Burial, cremat | ial tion, or removal. Which? | Date ther | eof 12/11/46 (month) (day) (year) | Accident, suicide, or homicide | Date of | |
| Cometery or cran | natory Ward | is Chap | el | Where did injury occur?(City or town | | (CA-A-) |
| | Libe | ertv Ko | | | <i>y</i> | |
| Location | | J | | Injured at home, farm, Industry, public place | (/ | ••••• |
| 18. Funeral directo | wm. J. T. | ICKNER | & SONS | Means of Injury | Injured at work? | |
| Address | | Balto. | . Md. | (20017 | 16 Ulta | u |
| | . (1) 16. | | M-mia | 23. SIGNATURE | M. D. | as other |
| 19 | 13 | | Registrar | and atonsville | 28 N/A Data stand | 12.8.40 |

2411 N. Charles St., Baltimore (982)

CEDTIFICATE OF DEATH

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|---|----|----------------|
| á | 7 | 11200 |
| , | | Reg. Diat. No. |

| CERTIFICA | Reg. Diat. No. | | |
|--|--|--|--|
| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) | | |
| City or lown (If outside city or town limits, write RURAL and give nearest town) | State Flagge County City or town Fig. Element | | |
| Now long in above place of death? Hospital, institution, or street address where death occurred: | (if ontage city op town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) | | |
| How long in hospital or institution? | 2.(a) If veteran, name war | | |
| 3.(a) FULL NAME Pettman | 3. (b) Social Security Number | | |
| 4. Sex Scolor or race 6.(a) Single, married, wildowed, or divorced | 2D. DATE OF DEATH. Dec. 17 19.46 21 830 | | |
| 6.(b) Name of husband or wife and a series of husband or wife a series | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from | | |
| 7. Birth date of deceased (mo., day, yr.) Diccombra 6, 1904 | and that I last saw h | | |
| 8. AGE: Years Months Days If less than one day | Cent Villiany Eslena | | |
| 9. Birthplace Local (Town, county, and state) | Due to Chronic Myriadia | | |
| 10. Usual occupation. Bethleham Steel Com. | Due to | | |
| 12. Name 13. Birthplace 12. Roman | Dither conditions | | |
| | (Include pregnancy within 8 months of death) | | |
| 14. Malden name | Major fiadings of operations. | | |
| 16. Informant Mr. Elizabeth Itlms | Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. | | |
| Address 9/8 Frades - arene 17. Breeze Bate thereof 12-26-46 | 22. VIOLENCE: If death was due to external causes, fill in the following: | | |
| 17. (Burlai, cremation, or removal. Which?) Cemetery or crematory. M. C. (month) (day) (year) | Accident, suicide, or homicide | | |
| Location Buttiment many and | Injured at home, farm, Industry, public place (where?) | | |
| 18. Funeral director. Change Control of the Control | Meens of Injury Injured at work? | | |
| Address & O is Michigan anima | SIGNATURE Sauce - Seut M. B. prothery | | |
| 19. (Data parid by peristrar) Registrar | The Mys. Mars. Equal of the state of the sta | | |

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the eauses of death clearly and legibly. MARGIN RESERVED FOR BINDING

9-45-15M

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FOR BINDING

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11853

Reg. Dist. No. 42

| 1. PLACE OF DEATH: County Balto. | | | | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) | | |
|---|--------------------------------------|-----------------|--------------------------------------|---|---------------------------------|------------------|
| City of town Halethrope (If outside city or town limits, write RURAL and give nearest town) | | | | State | | |
| How long in above place of death? | | | | City or town Halethrope (If outside city or town limits | s, write RURAL and give ne | arest town) |
| Hospital, Institution, or street address where death occurred: | | | ed: | Street No. 1800 Park Ave | | |
| 1800 | 1800 Park Ave. | | | (If rural, give | | , |
| How long in hospital | How long in hospital or institution? | | | 2.(a) If veteran, name war | | |
| 3. (a) FULL NAI | | | | | 3. (b) Social Security | |
| J. (6) 1 OLL 1111 | 111.2 | | | | 3. (0) Social Security | Mamper |
| | | | HENRY DAVID PLACE | | | |
| 4. Sex | 5. Color or race | 6.(a)Sing | le, married, widowed, or divorced | MEDICAL CH | ERTIFICATION | |
| M | W | | Widowed | 20. DATE OF DEATH | 1946. | , at 3. 4. 5P. M |
| 6.(b) Name of Kushin | oto witeEling | r.L.F | lack | 21. I CERTIFY that death occurred on the date abo | ove stated: that I attended dec | eased from |
| *************************************** | | 6. | (c) It alive, give ageyears | V | 20 | 19 |
| 7. Birth date of | | | | and that I last saw here alive on | | 19. F |
| 8. AGE: Yes | ars Months | 26, 1 Days | If less than one day | Immediair canae of death wasy | upatoses | DURATION |
| 66 | 4 | 24 | hrsmln. | 7 | | |
| 9. Birthplace | Baltimore | county, and | state) | Due to altus fee | leisis | 190. |
| 1D. Usual occupation | Salesma | ¥} | | Due to. | | |
| 11. Industry or busin | ess Daniel M | iller | & Co. | Bue 10. | | 1 |
| 12. Name | ouis H. Pla | c.k | | Dther conditions | | |
| 13. Birthplace | Baltimore | | | (Include pregnancy within 3 r | | |
| 当 14. Maiden nam | | ra App | ey | (Include pregnancy within 3 r | | |
| 15. Birthplace | Va. | - 3 | | Major ungings of operations. | | |
| 16. IntermentMr. | Paul L. P | lack | | Antopsy results. | | |
| | 800 Park Av | | | PHYSICIAN: Please underline the cause to wi | | statistically. |
| 17 Buris | al | Date the | reot. 12/23/46. (month) (day) (year) | 22. VIOLENCE: If death was due to external cau Accident, sulcide, or homicide | | ****** |
| | | | (1101111) (1111) (1111) | Where did injury occur? | | |
| LocationBs | altimore. M | d | | Injured at home, farm, industry, public place (wi | | |
| | | | & SONS INC. | Means of Injury | Injured at work? | |
| } | | | ALTO.17. Md. | 23/SIGNATURE WStar | en h. | 10. |
| 19. (Date rec'd by | 23 46 | 8 | Registres | 1 1 1 | | or other |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING 9-45-15 M

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ree'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlen St., Baltimore 93-20

| / | | | CERTIFICAT | E OF DEATH | Reg. Dist. No | |
|---|---|--|---|---|--|-----------|
| How long in above place of Hospital, institution, or str Spring Gr | Cator | sville nits, write R ears, J leath occurred | URAL and give nearest town) month, 3 days ital month, 3 days | Street No. W. Chesapeake Avenue (If rural, give LOCATION) | | |
| | Mary 1 | Elizabe | th Pocock | | | |
| female | hite | 1 | i, married, widowed, or divorced | 20. DATE OF DEATH. December 12. | | |
| | | 6.(c | Illip Henry Pocock) If alive, give ageyears 1866 | 21. I CERTIFY that death occurred on the date abNovember | 16. December | 124 19 46 |
| 8. AGE: Years | Months 2 | Days | if fess than one dayhrs min. | Hypertensive cardiova | ascular | Indef. |
| 9. SirthplaceM8 10. Usual occupation 11. Industry or business 12. Name | housew | ife | tate) | Bue to | | |
| 13. Birthplace H 14. Maiden name | Maryla Lucretia Maryla | Arthu | <u> </u> | (Include pregnancy within 3 | | |
| | Catonsvi | Date there | Maryland of December 15,1946 | | which death should be charged auses, fill in the following; | |
| Cemetery or crematory. Location | erford Co | enty, 1 | Maryland Maryland | Where did Injury occur? | Injured at work? | |
| 19. 2 P3 | 19 X 6 | | Y W Gedsie | Aridress | | |

Registrar Address.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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| | - | D | Dist | No | 440 | |

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| / | |
|---|---|
| 1. PLACE OF DEATH Baltinese | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newBoro infants give residence of mother) |
| City or town (If outside city or town timits, write RUKAL and give nearest town) | State III d. County County |
| How long in above place of death? | City or town |
| How long in hospital or Institution? | 2.(a) If veteran, name war |
| 3. (a) FULL NAME Mary S. Porsinger | 3. (b) Social Security Number |
| Female Tuite Wildow | MEDICAL CERTIFICATION 20. DATE OF DEATH DEC 26 19.46 19.42 7 |
| 6,(b) Name of husband or wife Tribullity Consumplity 8.(c) It alive, give age years | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from |
| 7. Birth date of deceased (me., day, yr.) 8. AGE: Years Months Days It tess than one day | and that I lost saw h |
| 90 / 14nrsmin. | Coronary Throwbon i day |
| 9. Birthplace | Due to 1/2 rea trace son |
| 10. Usual occupation Homotews fa | Due to artes School |
| E 12. Name John Walton | Dther conditions |
| 14. Maiden name Unknown Unknown | (Inclode pregnancy within 3 months of death) Major findings of operations. |
| 15. Birthplace Battimere Md. | |
| 18. Informant Jaa Flishauph | Actors results |
| 17. Bate thereof (mooth) (day) (year) | 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide |
| Cemetery or crematory | Where did injury occur? |
| tocation Gaslery Gre | Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work? |
| Address /2/7 DT. Paul ST | m.a. Jacob has |
| 19. 1926 18 44 AN Begistrar Registrar | 23. SIGHATURE. M. D. or other Address & 7 North pt Date signed 2/26/46 |

VS A15

| MARVI | AND | STATE | DEPARTMENT | OF | BEALTH |
|-------|------|-------|------------|----|----------|
| MARIL | AILU | SIAIL | DEFAKINE | ur | HP.AL.IN |

2411 N. Charles St., Baltimore 52-0



| | | | CERTIFICA | TE OF DEATH Reg. Dia | t. No. | |
|--|------------------------|-------------------|---|--|---|--|
| 1. PLACE OF DE | ATH: | | | 2. USUAL RESIDENCE (HOME) OF DECEASED: | | |
| County Balt | | | | (For namborn infents give residence of mother) | | |
| City or town COlg | ete | ita writa RIIR | AL and give nearest town) | otate County | rigore | |
| How long in above place of death? Life | | | | City or town Colgate (If outside city or town limits, write RURAL at | nd of managed though | |
| Hospital, Institution, or | street address where d | eath occurred: | ••••••••••••••••••••••••••••••••••••••• | / IUD MASTERN AVE | id give hearest town) | |
| | | ********** | *************************************** | Streef No. (If rural, give LOCATION) | | |
| How long in hospital or | r Institution? | | *************************************** | 2.(a) If veteran, name war | | |
| 3. (a) FULL NAM | E | | | 3. (b) Social | Security Number | |
| | V | VILLIAM | C. POST | | | |
| 4. Sex | 5. Color or race | 6.(a)Single, m | arried, widowed, or divorced | MEDICAL CERTIFICATI | ION | |
| "ale | White | | ried | 20. OATE OF DEATH. Decemebr 17, | 19 46 at 5:15 A | |
| R.(b) Name of husband | or wife Frieds | a Post | | 21. I CERTIFY that death occurred on the date above stated; that I att | | |
| | | | alive, give age 51 years | Sept 1946, 10 | | |
| 7. Birth date of | ".) July 28, | | anve, give ageyears | and that I last saw h. J. 272. alive on | 2c 16 1946 | |
| 8. AGE: Years | | | If less than one day | Immediate cause of death | | |
| 54 | 4 | 19 | hrsmin. | Lymphosarcoma of the | 3 22 | |
| 9. Birthplace | Baltimore | e, Md. | | Due to. | *************************************** | |
| or pittipinocioni | (Town, e | ounty, and state | 2) | | 000000000000000000000000000000000000000 | |
| 10. Usual occupation | Supt. Bro | om work | | Que to. | | |
| 11. Industry or business | | | | | | |
| 12. Name | William Pos | st, | *************************************** | Other conditions | | |
| | Germany | E 31 6 | | | | |
| 14. Maiden name | Caroline Di | letz | | (Include pregnancy within 3 months of death) | 14 | |
| F1 | Germany | | | Major findings of operations. Algorithm and and | a The | |
| | Mrs. Frieds | Post | | Left Kidney Date of | op. 2200 m. 19. | |
| 10. Injormant | 7105 Easter | ***************** | *************************************** | Antopsy results | e charged statistically. | |
| Ramial | E | | Dog 20 1046 | 22. VIOLENCE: If death was due to external causes, fill in the follow | ring; | |
| (Burial, eremation, | , or removal. Which?) | Date fhereof | Dec. 20, 1946 (month) (day) (year) | Accident, suicide, or homicide | e of | |
| Cemetery or cremato | First Uni | ted Eva | n. Cemetery. | Where did injury occur? | (Stata) | |
| Locallon Ba | ltimore, Mo | | | Injured at home, farm, industry, public place (where?) | | |
| 18. Funeral director | llrich F | | | Means of injury Injured at | work? | |
| | 8 Orleans S | | | P. C. K. | of O. MD | |
| 12/- | as Ifi | AZ | Heans | 23. SIGNATURE OLS | M. D. or other | |
| (Date rec'd by reg | 26 19/6 gistrar) | , / | Registrar | Address 1801 Entan Place Ba | ite signed 12/12/46 | |

| nfor- state JPA- | STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|--|---|--|
| ould state | 1. PLACE OF DEATH | 381 |
| | County Gallinine les | Registration Dist. No. |
| | Village or City Atomelinghe | No. St., Ward |
| Ξ. ο | | death occurred in a hospital of institution, give its NAME instead of street and number) |
| Every MANS | Length of residence in city or town where death occurred | ds. How long in U.S. if of foreign birth?yrsmosds. |
| Every YSICIANS Statement | 2. FULL NAME 2 2 3 a bedg 4 | i / wee |
| XSI XSI | (a) Residence: Np. (Usual place of abode) | USt, Ward. If nonresident give city or town and State |
| CCCO. Ever. PHYSICIAN | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| RECC: PH | 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDDWED, | 21. DATE OF DEATH |
| E P | Final White OR DIVORCED (registe the word) | Recember 13 1046 |
| | 5a. If merried, widowed, or divorced | (Month) (Dey) (Year) |
| BINDIN ERMANI EXACT y classific | HUSBAND of Corp WIFE of | 22. I HEREBY CERTIFY, That Lattended deceased from |
| BINI EX EX ly cla | hard-10-1866 | , 1976, to 3 |
| FOR BI IS A PE stated E properly certificate. | 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than | I last saw h. C. alive on 19 6; death is said |
| FOR B IS A PE stated E properly certificate | 7. AGE Years Months Days If LESS than 1 day,hrs. | to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| FC IS sta pro | ormin. | were es follows: Date of onset |
| - 70 | 8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. | Order 1 de la del 1911 |
| RVE C-TH may may back | 4 9. Industry or business in which | many Descurar acreary 194 |
| SERVI NK-T] should it may n back | work was done, as SILK MILL, SAW MILL, BANK, etc | |
| 品 日 m + o | | |
| ARGIN RESINATIONS INTERPORTED IN THE PROPERTY OF THE PROPERTY | year) occupation | Other Contributory Causes of importance: |
| N D D S | 12. BIRTHPLACE (city or town) (State or country) | |
| MARGIN UNFADI supplied. n terms, so | | |
| | 13. NAME 1 1001 1. Manufacture 14. BIRTHPLACE (city or town). | |
| MA H U H U sul | 14. BIRTHPLACE (city or town) (State or country) | Name of operation Date of |
| T i i | | What test confirmed diagnosis? Was there an autopsy?- K |
| INCY, WI be careful EATH in I | E 102.10. | 23. If death wes due to external causes (VIDLENCE) fill in also the following: |
| Ca Line | O 16. BIRTHPLACE (city or town) (State or country) | Accident, suicide, or homicide? Date of injury, 19 Where did injury occur? |
| PLAINEY, hould be car OF DEATH very imports | Clerry, Thomas | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. |
| PLA Should OF D | 17. INFORMANT (Address) Red | Specify whether injury occurred in Troosiki, in nome, of in Poblic Place. |
| Sho on or | 18. BURIAL, CREMATION, DE REMOVAL | Manner of injury |
| ITE on s SE SE | Plece/Officerry Date LIKE JC , 19 4 S | Nature of Injury. |
| -WRITE mation s CAUSE TION is | 19. UNDERTAKER TEM. A. Malan | 24. Was disease or injury In any way releted to occupation of deceased? |
| No.1 | (Address), 3000 S. Balto M. | If so, specify |
| 2. A | 20. FILED. ALC 1946 Bukeles | (Signed) le learles) 4. 1 Geren M. D. |
| > Z | Registrar. | (Address) 6701 Yolk (Salto 12 ms |
| | - 25 - 2 - 380 If more blanks are needed, address State Registrar, | 2411 N. Charles Street, Baltimore, Requestiff U. S. No. 1. |
| Charles Investor of the Control of t | , | |

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

2411 N. Charles St., Baltimore 93-2

| | 11 | 0 | 58 |
|-----|----|---|----|
| | | | 38 |
| 200 | | | 4 |

CERTIFICATE OF DEATH AND

| 11 | 858 |
|-----------|-----|
| and all, | 201 |
| Dist. No. | 7/0 |

| CERTIFICA | Reg. Dist. No. |
|--|---|
| 1. PLACE OF DEATH: Beltime Co. | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) |
| County | State Md. County |
| (If outside city or town limits, write RURAL and give nearest town) | 2 |
| | City or town (If outside city or town limits, write RURAL and give nearest town) |
| How long in above place of death? | |
| | Street No. 2406 Fast Comme |
| | (If rural, give LOCATION) |
| How long in hospital or institution? | 2.(a) If veteran, name war. |
| 3.(a) FULL NAME | 3. (b) Social Security Number |
| Joseph Kaczniak | |
| 4. Sex 5. Color or race S(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| -Ba 1 21-1 1- | 20 DATE DE DECE 25- 1946 21 3 30 P. |
| Male White Mydowed | 20. DATE DF DEATH 19.70 at |
| 6.(b) Name of Awaband or wife | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from |
| | are . |
| 7. Birth date of | and that I last saw hailve on |
| deceased (mo., day, yr.) | Immediate cause ul death |
| 8. AGE: Years Months Days If less than one day | (Toway Occusion & Men |
| 70hrsmi | in. |
| | A-S-C-V Dise Ase |
| 9. Birthpiace | Due to DISC TO |
| (Town, county, and state) | |
| 10. Usual occupation daborer | n |
| | Due to |
| 11. Industry or business | |
| 12. Name Land A arguist | Diher conditions |
| 13. Birthpiace Toland | |
| | (Include pregnancy within 3 months of death) |
| 14. Maiden name | Major findings of operations |
| D1. | |
| \$ 15. Birthpiace Toland | Date of op. |
| 16. informant | Autopsy results |
| 1. The small state of the state | PHYSICIAN: Please underline the cause to which death shoold be charged statistically. |
| Address | 22. VIOLENCE: If death was due to external causes, fill in the following: |
| 17. Brial Date thereof Del 28, 194 | 2(4) |
| 17. Burial Barlethereof Date thereof (month) (day) (year) | Accident, suicide, or homicide |
| . // / / ^ 4 4 4 4 4 | Where did injury occur? (City or town) (County) (State) |
| Cemetery or crematory | |
| Location Daltimore | Injured at home, farm, Industry, public place (where?) |
| 7. 21 0 - 5: | Means of Injury Injured at work? |
| 18. Funeral director Thed the gazenness | MBravio ma |
| Address 1930 Gastern Svenne | 23. SIGNATURE |
| 19 Dec. 27 19 46 a. 21. Haluk | Nym. 4 dille |
| (Date rec'd by registrar) Registr | ar Address Date signed |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

9.45.15M

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-8

CERTIFICATE OF DEATH

Reg. Diat. No ...

| 1. PLACE OF DEATH: County Bollewise Town City of town Malel Cliff was Town (If outside city for town limits, write RURAL and give nearest town) How long in above place of death? | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State | |
|---|---|--|
| Hospilal, Institution, or street address where death occurred: | Street No | |
| | (If rural, give LOCATION) | |
| How long in hospital or institution? | 2.(a) 11 veteran, name war | |
| 3. (a) FULL NAME Sister Mary Adrience Roberto 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced | 3. (b) Social Security Number | |
| | MEDICAL CERTIFICATION | |
| Fourole White Single | 20. DATE OF DEATH Alexa 11 1946 15.50 A. | |
| 6,(b) Name of husband or wile | 21. I CERTIFY that death occurred on the date above stated; that I attended decessed from | |
| 7. Birth date ot | and that I last saw h.d.salive on | |
| deceased (mo., day, yr.) June 22, 1903 8. AGE: Years Months Days Illess than one day | Immediais cause of death Pulmany Tubuculosis DURATION | |
| 43 5 19hrsmin. | auch Jah | |
| 9. Birthplace | Due I a | |
| 11. Industry or business | Due 10 | |
| 12. Name Sy Pve ster Roberto 13. Birthplace I taly | Dther conditions | |
| | (Include pregnancy within 3 months of death) | |
| 14. Maiden name Carwella Morana 15. Birthplace I false | Major findings of operations. | |
| | Date of op. | |
| 16. Interment Dr. Mary Clara Address Nobel Elill Md | Antopsy results | |
| 17. Buries Date thereol Dec. /3 /46 (Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?) | 22. VIOLENCE: If death was due to external causes, fill in the tollowing; Accident, suicide, or homicide | |
| Cemetery or crematory IN of the College | Where did injury occur? (City or town) (County) (State) | |
| Location Cen Cerry | Injured at home, tarm, Industry, public place (where?) | |
| 18. Funeral director. | masila of injury | |
| Address 8/1, Nu offe m | 62 SIGNATURE THAT SELLY | |
| 19. (Date rec'd by registrar) Registrar | Dec. 12/4/ | |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death chearly and legibly.

9-45-15M

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WRITE PLAINLY, is especially

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



11860

CERTIFICATE OF DEATH

Reg. Diat. No. 3

| 1. PLACE OF DEATH: Baltimore Towson | | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Md. County Baltimore | | |
|---|-------------------------------------|--|--|---|
| | | | | |
| How long in above place Hospital, institution, o | ce of death?or street address where | death occurred: | City or town (If outside city or town limit 7311 York road | ts, write RURAL and give nearest town) |
| How long in hospital or institution? | | Street No. WORLD WORLD #1 2.(a) It veteran, name war. | | |
| 3. (a) FULL NAM | | Y A. RODDY | | 3. (b) Social Security Number 705-09-0011 |
| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced | MEDICAL C | ERTIFICATION |
| Male | white | Married | 20. DATE DE DEATH Dec. 25 | 46 at |
| | d or wife Lill | ian Roddy 6.(c) II alive, give age 54 years 4, 1888 | 21. LOERTHY that each occurred on the date ab | ove stated; that attended deceased from 19.46 |
| 8. AGE: Yea 58 | Months 1 Baltimore | Days If less than one day 11 hrs. min. Maryland county, and state) | Immedicio cause of state Sypur Pensire Ch Due to Penal disease | 01010 - \$1000001. 5 125 - 1 4 R. |
| 1D. Usual occupation | B. & O. | R.R. | Due to | |
| 12. Name | John J. R | oddy Ireland | Dther conditions | |
| E 13. Bittiplace | Maria N | | (Include pregnancy within 8 | |
| 14. Maiden name | | Ireland | | |
| 16. Informant | rs. Lilli 311 York | an Roddy road | Autopsy results | which death should be charged statistically. |
| Buria | on, or removal. Which? | Date thereof 12/28/46 (month) (day) (year) | 22. VIOLENCE: It death was due to external ca | Date of |
| Cemetery or crema | atoryNew Ca | thedral | Where did Injury occur?(City or sown) Injured at home, tarm, Industry, bublic place (1 | where?) |
| 18. Funeral director | M. M | Trans Don Jan | 23. SIGNATURE Annual | Injured at works |
| 19. Date rec'd by | registrar) 19 4 6 | A Buch Wo Registrar | (1 CAT XI VINT | 7K V4. Date signed 749/76 |

DR. CAISOZZA 5217 YORK ROAD

JAN 7 1947

2-380- 2-10

Evidence for the change of MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore (3/2) CERTIFICATE OF DEATH G 108 12/17/46 Reg. Diat. No. 1. PLACE OF DEATH: -2. USUAL RESIDENCE (HOME) OF DECEASED: City or town. Baltimore (If outside city or town limits, write RURAL and give nearest town) Street No.423 E. 25th ... Streetion) 3. (b) Social Security Number MEDICAL CERTIFICATION 2D. DATE DF DEATH December 9. 19.46 at 3:45 Pm 21, I CERTIFY that death occurred on the date above stated: that I attended deceased from August 20. 19 46 to December 9. 19 46 and that I last saw h. im alive on December 9. 1946 DURATION 6 Weeks Chronic Glomerular nephritis Bther conditions Hypertension, arterial Undet. Hypertensive Heart disease Chr. Pulmonary Tribby Stangerth upper lobe Autopsy results No Autopsy PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the tollowing; Accident, suicide, or homicide..... Injured at home, farm, Industry, public place (where?) Injured at work? 12-10 1846 Address V.A. F.T. HOMARD, MD. Date signed 12-9-46

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore (83-2)

11862

| | | | ~ | > | -11 |
|-------|--------|--------|-----|----------|-----|
| 30.17 | Reg. D | iat.] | No. | $\geq c$ | |

| 1. PLACE OF DEATH: Counly | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State |
|--|---|
| 3.(a) FULL NAME Nellie Scheu | 3. (b) Social Security Number |
| Female White Widowed, or divorced B.(i) Name of husband or yyle John C. Scheu 7. Birth date of deceased (mo., day, yr.) May 29, 1878 | and that I last saw h |
| S. AGE: Years Months Days If less than one day 68 6 6 hrs. min. | Immediate cause of death |
| 11. Industry or business 12. Name | Dither conditions (tnclude pregnancy within 3 months of death) Major findings of operations. Date of op. |
| 16. Informant Mrs. O. Willard Barnes | Autopsy results |

WRITE PLAINLY, WITH UNF is especially important. 17. Burial (Burlal, cremation, or removal, Which?) Cemetery or crematory

Baltimore

Date thereof

Park

18. Funeral director Address

(Date rec'd by registrar)

Registrar | address

2-9-46 (month) (day) (year)

Means of Injury H.W. SCHEYE 23. SIGNAJU

Injured at home, farm, industry, public place (where?)

Accident, suicide, or homicide Where did injury occur? ..

22. V10LENCE: If death was due to external causes, fill in the following;

(City or town)

(State)

(County)

M. D. or othe .Date signed

VS A15

PLEASE

MARGIN RESERVED FOR BINDING



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83

CERTIFICATE OF DEATH

Reg. Dist. No.

| I. PLACE OF DEATH: County | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn lufants give residence of mother) |
|---|---|
| City or town (If ontside city or town limits, write RURAL and give nearest town) | StateCounty |
| (If ontside city or town limits, write RURAL and give nearest town) | City or town |
| How long in above place of death? | HALL TO LET OF THE |
| Chits PRIVATE HOME | Street No. 13 C (If rural, give LOCATION) |
| How long in hospital or inclination? EDMENDSONY NUNNERY LANE | 2.(a) If veteran, name war |
| 3. (a) FULL NAME HENRY SCHLEF | 3. (b) Social Security Number |
| 4. Sex 5. Color or race 5.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| MALE WHITE WIDOWED | 20. DATE OF BEATH DEC - 8-86 1946 at 7 A M |
| 6.(b) Name of husband or wife. MARIA SCHLEFF | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from |
| | 3/26 19 4/0,10, 12/9 18/16 |
| 7. Birth date of Asserting Section 1997 | and that I just saw h. /h. allve on 12/ |
| deceased (mo., day, yr.) | Immediate cause of death Lenticula Striate DURATION |
| 8. AGE: Years Months Days If less than one day | Rustine tentendo - Propol |
| closed 75hrsmin. | Street astery artery |
| 3. Birthplace GERMANY. | Due to Heaven and Unfairly |
| (Town, county, and state) | Garage Totals Carlos |
| 10. Usual occupation | Due to |
| 11. Industry or business | 376 (4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4- |
| 12. Name NOT KNOWN 13. Birthplace GERMAN T. | Dither conditions |
| 13. Birthplace GERMAN Y. | |
| | (Include pregnancy within 3 months of death) |
| | Major findings of operations |
| | Date of op |
| 18. Informant HOME RECORD | Autopsy results |
| Address | PHYSICIAN: Flease underline the cause to which death should be charged statistically. |
| | 22. VIOLENCE: If death was due to external causes, fill in the following; |
| (Buriat, cremation, or removal, Which?) Bale thereof DI-C 1/- 4/6 (moath) (day) (year) | Accident, suicide, or homicide |
| Cemetery or crematory HOLY CROSS CEM. | Where did injury accar? |
| A A P- | Injured at home, farm, industry, public place (where?) |
| Location | Means of Injury Injured at work? |
| 18. Funeral director / DEsmand & Harly | LUQUE Ellison |
| Address 121 & WEST IT | a IN Il serio |
| 12-10 41 AMALA_ | 23 SIGNATURE M. D. or other |
| 19 | |
| | |

| BINDING | |
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| FOR | |
| RESERVED | |
| MARGIN | |

9-45-15M

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PLEASE

2411 N. Charles St., Baltimore 932

11864

| | | | 20/ | |
|-----|-------|-----|-----|--|
| eg. | Diat. | No. | 001 | |

| / | | | CERTIFICA | TE OF DEATH W | Reg. Diat. No. 301 | |
|---------------------------------|--------------------|----------------|---|--|--|--|
| 1. PLACE OF DEAT | | nore | | 2. USUAL RESIDENCE (HOME) OF DE (For newborn infants give residence of mother | CEASED: | |
| Catonsville | | | *************************************** | Mowelland | | |
| City or towo. | ide city or town l | imits, write l | RURAL and give nearest town) | | | |
| How look in show alses of | death? 5 yes | ars, 8 | months, 28 days | City or lown Baltimore (If outside city or town limits, wri | te RURAL and give nearest town) | |
| Hospital Institution, or sti | reet address where | death occurre | d: | Street No. 1911 E. Pratt Street | eet | |
| / Spring G | rove Sta | te Hosp | pital | (If rural, give LOC. | ATION) | |
| How long in hospital or in | stitulion? 5 y | ears, 8 | 3 months, 28 days | 2.(a) It veteran, nama war. | | |
| 3. (a) FULL NAME | Gu | stave S | Schmidt | 3. | . (b) Social Security Number | |
| 4. Sex 5 | . Color or race | 6.(a)Sing | le, married, widowed, or divorced | MEDICAL CERT | IFICATION | |
| male | white | | single | 20. OATE OF DEATH December 26 | | |
| | | | | 21. I CERTIFY that death occurred on the date above sta March 28 | ited; that I attended deceased from | |
| 7. Birth date of | | | c) If alive, give ageyear | and that I last saw h im alive on Decemb | per 26 19 46 | |
| deceased (mo., day, pr.) | | | | Immediate cause of death | OURATION | |
| 8. AGE: Years | Months | Days | If less than one day | Chronic myocardial fail | lure Indef. | |
| 64 | | 15 | hrsmln. | | | |
| | Germany | | | Due to Chronic arteriosclero | otic Indef. | |
| 9. Birthplace | | | state) | cardiovascular disease | | |
| 10. Usual occupation | barbe | r | | Due to | | |
| 11. Industry or business | busin | ess for | r himself | Due to | | |
| | tave Schi | midt | | Other conditions. | | |
| E 12. Name | ermany | | | | | |
| EL 10. Unitriplace | | | | (Include pregnancy within 8 month | ns of death) | |
| 里 14. Malden name | Bertha | Rabin | | Major findings of operations | | |
| 14. Maiden name 15. Birthplace | German | У | | Majot Radings of Operation | | |
| | enitel w | anna a | | | | |
| | | | | PHYSICIAN: Please underline the cause to which d | leath should be charged statistically. | |
| Address C | atonsvil | le 28, | Md. | 22. VIOLENCE: If death was due to external causes, | | |
| 17 Buch | ial | Date the | reot 12/30/46 (month) (day) (year) | | | |
| (Burial, cremation, o | ~1 | | . / ~/ | Accident, suicide, or homicide | | |
| Cemelery or crematory. | 8) | ecres | V Near | Whers did Injury Occur? | (County) (State) | |
| Location | 0/21 | men | Hill Rd. | Injured at home, tarm, Industry, public place (where?) | | |
| | . / | 11. | 5.1 1. | Means of Injury | Injured at work? | |
| 1B. Funeral director | 1600 | 120 | malle d | Heur PA | Mead M.D | |
| 40 | 7000 | | 2 21.016-1 | Hanny C A Mand | M. D. or other | |
| 19. (Date rec'd by regis | trar) | | Registrat | Address Catonsville 28, M | M.D. Date signed 12/26/46 | |

PLEASE

VS A15

| MARYLAND | STATE | DEPARTMENT | OF | HEALTH |
|----------|-------|------------|----|--------|

2411 N. Charles St., Baltimore (23-a)

CERTIFICATE OF DEATH

BC

(56) 11865

| 112011 | |
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| | 10/1 |
| Reg. Dia | . 4 4 |

| | Acres 1 | | | 150 | | |
|--|---------------------|---------------|----------------------------------|---|---|--|
| 1. PLACE OF DEATH: | | | | 2. USUAL RESIDENCE (HOME) OF DECEASED: | | |
| County/Baltimore | | | | (For newborn Infents give residence of mother) | | |
| City or town Fort Howard (If outside city or town limits, write RURAL and give nearest town) | | | CALLED TO A CALLED | state liaryland county | | |
| | | | LUS | City or town Baltimore (If outside city or town limits, write RURAL and give nee | | |
| Hospital, institution, or s | treet address where | death occurre | d: | | | |
| Vets. | Hosp. F | ort Ho | ward, Md. | Street No. 2635 Greenmount Avanue (If rural, give LOCATION) | *************************************** | |
| | | | Deys | 2.(a) It veteran, name war | | |
| 3. (a) FULL NAME | | | | 3. (b) Social Security 1 | | |
| (, | | | | 3. (0) Social Security 1 | Number | |
| 4. Sex | 5. Color or race | SCH(| e, married, widowed, or divorced | | | |
| Male | White | 01(-)01118 | Single | MEDICAL CERTIFICATION | | |
| Merre | MILTOG | | Studte | 20. DATE OF DEATH December 4, 19 46. | at 7:20 Am | |
| & (h) Name of husband or | wife Si | ingle | | 21. I CERTIFY that death occurred on the date above stated; that I attended decea | | |
| | | | | September 25, 19 46, to December | c 4 19 46 | |
| 7. Birth date of | | 5.(| c) If alive, give ageyears | and that I last saw h im alive on December 4. | | |
| deceased (mo., day, yr.) | 9 | L - 188 | 34 | Immediais cause of death | DURATION | |
| 8. AGE: Years | Months | Days | tf less than one day | Petechial hemorrhage in brain | | |
| 62 | 3 | 3 | hrs,min. | stem: hyperemia of brain | 3 Days | |
| 9 Rirthnlace | lrangevil. | le. Mai | rvland | Due to | | |
| o. Direction | | | cyland | | | |
| 1D. Usuat occupation | Ret | ired | ••••• | Due to. | *************************************** | |
| 11. Industry or business | U. | S. Arr | ny | | | |
| H 12. Name | . C. Scho | field | | Diber conditions Cerebral atrophy | *************************************** | |
| E | aryland | | | | *************************************** | |
| 04 | | There was | | (Include pregnency within 3 months of death) | | |
| | | | | Major findings of operations | | |
| 15. Birthplace | Maryland | 1 | | Date of op | | |
| 16. Informant Clini | cal Recor | ds, Ve | ets. Hosp. | Autopsy results. Substantiated above. | | |
| Address Ft. E | Toward. Mc | 1. | | PHYSICIAN: Please underline the cause to which death should be charged a | statistically. | |
| | | | 12.7.4/ | 22. VIOLENCE: If death was due to external causes, fill in the following: | | |
| 17 Burial (Burlal, eremation, o | r removal. Which?) | Date ther | eof (month) (day) (year) | Accident, suicide, or homicide | | |
| | | | onal Cemetery | Where did injury occur? | | |
| | | | yland | Injured at home, tarm, Industry, public place (where?) | | |
| Location | | | | Moons of Injury tojured at work? | *************************************** | |
| 1B. Funeral director | Wledefe] | d & Sc | n | 5 6 1 | | |
| Address | Balto., A | ld. | | 22 SUPTIBLE Care Padget | | |
| | cs | 6 | carper. | PAUL PADGET, ACT LLIN. DERP. | r other | |
| 19. (Date rec'd by legis | trar) 19 | 2 " | Registrer | Address V. A. FT. HOWARD Date signed Date signed | 7.0-5-16 | |
| | | | | | | |

WRITE

PLEASE

VS A15

MARGIN RESERVED FOR BINDING

age

2411 N. Charles St., Baltimore 350

CERTIFICATE OF DEATH

11866

Reg. Diat. No.

| 1. PLACE OF D | | | | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) | 1 | |
|--|-------------------------|---------------|--|--|---|--|
| County Baltimore. | | | | State Maryland County | | |
| City or town Fort Howard, Maryland (If outside city or town limits, write RURAL and give nearest town) | | | RURAL and give nearest town) | | | |
| How long in above place | ce of death? | 24 day | S | City or town Baltoneex Denton (If outside city or town limits, write RURAL and give near | reat town) | |
| Hospital, Institution, | or street address where | desth occurre | d: | Street No. 304 Church St. (If rural, give LOCATION) | | |
| vets. Acu | la HOSPag.F. | OLT HO | ward, Maryland | (If rurnl, give LOCATION) | 1/ | |
| | or Institution? | za day | 5 | 2.(a) If veteran, name war W.W.II | | |
| 3. (a) FULL NAM | 1E | 1 | | 3. (b) Social Security 1 | Number | |
| JOHN G. | SIMMS | | | 218-05-8302 | | |
| 4. Sex | 5. Color or race | 6.(a)Sing | le, married, widowed, or divorced | MEDICAL CERTIFICATION | | |
| Male | Colored | Sin | gle | 20. DATE OF DEATH December 24. | at. 9:20 a.m | |
| | Sing | 7.0 | | 21. I CERTIFY that death occurred on the date above stated; that I attended dacea | | |
| | | | | November 30 10 46 to December | | |
| 7 Birth date of | | 6.(| c) If alive, give ageyears | and that I last saw h I.Malive on December 24, | | |
| decessed (mo., day | yr.) 3/27/1 | 902 | | Immediais cause of death CORONARY OCCLUSION | DURATION | |
| 8. AGE: Yes | rs Months | Days | If less than one day | ACUTE | Sudden | |
| 4 | 8 | 27- | hrs min. | | | |
| a Rivinglace Oak | Grove. De | laware | atate) | Due to Heart Disease, Hypertension and | *************************************** | |
| | | | | Coronary Arteriosclerosis, Cardiac | | |
| 10. Ususi occupation | Laborer | | | Due to Enlargement, Myocardial | *************************************** | |
| 11. Industry or busine | \$\$ | | | Insufficiency | 2 months | |
| H 12 Name Jl | dge Simms | | | Dther conditions. | plus | |
| | Dorchester | | | Nephritis, Chronic with Uremia (Include pregnancy within 3 months of death) | 2 months | |
| | | | t | (Include pregnancy within 3 months of death) | plus | |
| | | | | Major findings of operations | *************************************** | |
| ∑ 15. Birthplace | Carolina | Co., M | d | Date of op | | |
| 16. Informant Cli | nical Reco | rds Ve | ts. Adm. Hosp. | Antopsy results | | |
| Address For | t Howard. | Marvla | nd | PHYSICIAN: Please underline the cause to which death should be charged s | tatistically. | |
| | | | | 22. VIOLENCE: If desth was due to external causes, fill in the following: | | |
| (Buriai, erematio | n, or removal. Which? |) Date ther | eof Dec. 28, 1946 (month) (day) (year) | Accident, suicide, or homicide | | |
| Cemetery or crems | tory St. Par | ılCema | etery | Whera did injury occur? | (State) | |
| Location ne | ar Federals | sburg, | Md. | Injured at home, farm, Industry, public place (where?) | | |
| | | | & Son | Msans of Injury Injured at work? | | |
| | eralsburg, | - | | 000 | 1000.2 | |
| ~ | | 9 | 4 12 1 | 23. SIGNATURE | V. MID | |
| 19. (Date rec'd by r | 26- 1946 egistrar) | < | Dawson J. Harb | Address V.A.H. Ft. Howard, Md. Date signed | 12/24/46 | |

Authorization for change of address - by phone to the Clinical Records Dept. athe Vets. Adm. Hosp. Fort Howard, 1-16-47. ams.

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PLEASE

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supplied.

1. PLACE OF DEATH: (a) Baltimore City, Maryland

(c) Hospital or institution:

| BALTIMORE CHY HEALTH DEPARTMENT | | | | | | |
|---------------------------------|--|--|--|--|--|--|
| CERTIFICATE | | | | | | |

| . USUAL RESIDENCE OF DECEASED: | |
|--|------------------------------|
| 11 - 1 | |
| 2) State MARY AND (b) County 13 A L | 74 |
| c) City or town BALTIMORE - C () (If outside city or town limits, write RURA | A (M (Y L and give town) |
| i) Street No. | •••••• |
| (If rural give location) Citizen of foreign country? | |
| | at mer |
| MEDICAL CERTIFICATION | |
| o. DATE OF DEATH December 75, 1946 | at 7:10 P. M |
| 1. I certify that death occurred on the date above state | |
| d deceased from December 7,1946, to Dec. | 25 1946 |
| nd that I last saw her alive on Dec. 25, 19 | 76. |
| nmediate cause of death | Duration |
| | |
| COTONARY Ocelusion | 4hrs |
| Due to Hypertensive HEART Disease | Several Month |
| 1'VISeose | CEREIO / MONTH |
| ue to | |
| | |
| Other Conditions | |
| (Include pregnancy within 3 months of death) | PHYSICIAN |
| Tajor findings of operation: | Underline the |
| | death should be |
| f autopsy: | tically. |
| 2. If death was due to external causes, fill in the fo | ollowing: |
| a) Accident, suicide, or homicide | |
| b) Date of occurrence | ıtM |
| (Cour) Where did injury occur? (City or town) (Cour | |
| (City or town) (Cour d) Did injury occur about home, on farm, industrial | |
| W/1:1- at man | |
| (Specify type of place) | |
| c) Means of injury | |
| 3. Signature Cachard H. Junt | м. Д. |
| Address 1607W. Mulberry St. Date sig | ned 12/27/46 |

(d) Length of stay in hospital or inst. (yrs., mos., or days) (e) Length of stay in Baltimore (yrs., mos., or days). 3 (a) FULL NAME HATTIE SKINNER 3 (c) Social Security Accoun 3 (b) If veteran, name war No 6 (a) Single, married, widowed, o 4. Sex 5. Color or race divorced. Widea)ed colored FEMA/E 6 (b) Name of husband or wife 6 (c) If alive, give age 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years If less than one day Months Days 66 13hr. 9. Birthplace EAS (Town, county, and state) 10. Usual Occupation ... 11. Industry or business 13. Birthplace EAST VI

(month)

Registrar

VS 3

age

15. Birthplace Ki

(Burial, cremation, or removal (c) Cemetery or cremator

(Date rec'd by registrar)

16 (a) Informant (b) Address

18 (a) Funeral directo

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 830

CERTIFICATE OF DEATH

11869 .

| | Reg. Dist. No. |
|--|--|
| 1. PLACE OF DEATH County (If outside city or town limits, write RURAL and give nearest town) How long In above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution? | 2. USUAL RESIDENCE (HOME) OF DECEASED: (Extra newborn infants give residence of mother) State City or town Alf opticity city or town limits, write RURAL and give nearest town) Street No (If rural, give LOCATION) 2.(a) It veteran, name war 3.(b) Social Security Number |
| 4. Sex 5. Color or rack 6.(a) Single, married, widowed, or divorced Frue Culture | MEDICAL CERTIFICATION 20. DATE OF DEATH AZC 2-5 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. |
| 6.(b) Namo of husband or wife | and that I last saw h Zallve on |
| 9. Birthplace | Oue to Due to |
| 12. Name | Other conditions |
| 14. Malden name 15. Birthplace 16. Informant Bulto Co Welfare Board | Major findiogs of operations |
| Address 11 Date (hereof (month) (day) (year) Cemetery or crematory for the control of the cont | 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide |
| 18 Funeral director. T. C. Figurbottom | Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work? |
| 19. (2-17— 19. 4 Hangelfflue Registrar) | 23. SIGNATURE M. D. or other ar Address Date signed 2 |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

ARGIN RESERVED FOR BINDING

9-45-15M

VS A15



MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11870 og. Dist. No. 40/

| CERTIFICAT | Reg. Dist. No. |
|---|---|
| 1. PLACE OF DEATH County Salting | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State |
| City or town | City or town |
| How long in hospitat or institution? | (If rural, give LOCATION) 2.(a) If valuran, name war |
| 3. (a) FULL NAME Laura V Sotdorus | 3. (b) Social Security Number |
| 4. Sax 5. Color or race 6.(a) Single, married, widowed, or divorced Married | MEDICAL CERTIFICATION 20. DATE OF DEATH. ACCUMULE 23 19. 4 5, at 11 P. M. |
| 8.(b) Hame of husband or with Albarry Safdours | 21/13 ERTIFY that death occurred on the date above stated; that I attended deceased from |
| 7. Birth date of deceased (mo., day, yr.) July 13-1874 | and that liast saw harmalive on 19 |
| 8. AGE: Years Months Days It less than one day 7 Z 5- 10 | Immediate cause of death DURATION ORDINATION JOSES |
| 9. Birthplace | Due to A Ser Cert Server judicipes |
| 11. Industry or business | Due to |
| 12. Name Villiam Gringer | Other conditions Allelia ? |
| 14. Maiden name Isadore Wilson | (Include pregnancy within 3 months of death) Major findings of operations. |
| men March Shell | |
| 16. Informant Muy Morchan Spales Address Belain Med | Autopsy results PHYStCIAN: Ptease nuderline the cause to which death should be charged statistically. |
| 17. J. Busical Bate thereot 12-26-46 (Burisi, cremation, or removal Which?) (Burisi, cremation, or removal Which?) | 22. VIOLENCE: It death was due to external causes, till in the following; Accident, suicide, or homicide |
| Cemetary or crematory | Where did injury occur? (City or town) (County) (State) |
| Location Butto CO, Mg | Injured at home, farm, industry, public place (where?) |
| 18. Funeral director. | (0 00 1 of 1 1 0 100 |
| Address July C 7 Dellin | 23. SIGNATURE DE LA SIGNATURE DE M. D. or other |
| 19. (Date rec'd by registrar) Registrar | Address Tay Dul Date signed 12/24/VL |

DEC 30 1946
BYREAU V B

2-400-2-10

WRITE

PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13

| CERTIFICAT | E OF DEATH Reg. Dist. No. 32 |
|---|--|
| 1. PLACE OF DEATH: county Baltimore ply or town. Mount Wilson (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 4 mos., 20 days Hospilal, instilution, or street address where death occurred: Mt. Wilson Branch, Md. T.B. Sanatorium How long in hospital or inslituilon? 4 mos., 20 days | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland Couoly City or town Baltimore (if outside city or town limits, write RURAL and give nearest town) Street No. 3546 Horton Avenue (If rural, give LOCATION) 2.(a) It veleran, name war. |
| 3. (a) FULL NAME | 3.(b) Social Security Number |
| Charles Michael Spioch 4. Sex 5. Cotor or race 8. (a) Single, married, wildowed, or divorced | None |
| 4. Sex 5. Cotor or race 8.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| Male White Married | 20. DATE OF DEATH December 25, 1946 19 |
| 6.(6) Name of husband or wife Sophia M. Spioch 6.(c) If alive, give age 59 7. Birth date of deceased (mo., day, yr.) September 13, 1880 8. AGE: Years Months Days It less than one day | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 5, 19.46 to Dec. 25, 19.46 and that I last sew h himalive on December 25, 19.46 Immediate cause of death DURATION Pulmonary Tuberculosis 6 mos |
| 66 3 12min. | Pulmonary Tuberculosis 6 mos |
| 9. Birthplace | Due to Tubercle Bacilli Due to Dither conditions Myocardial Insufficien Cy Unknown (Include pregnancy within 3 months of death) |
| 14. Maiden name DODIII a alabevio | Major findings of operations. No operation |
| 14. Maiden name Sophia Jarasevicz 15. Birthplace Germany 16. Informant Charles M. Spioch Address 3546 Horton Ave., Balto., Md. | Autopsy results |
| Burial Date thereof Dec. 28, 1946 (Burial, cremation, or removal. Which?) Cemetery or crematory Holy Cross Cemetery | 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide |
| Location Anne Arundel Co., Maryland | (City or town) (County) (State) Injured at home, farm, Industry, public place (where?) |
| | Means of Injury Injury Injured at work? |
| 18. Funeral director B. C. Harle Address 121 E. West St., Baltimore, Md. | 23. SIGNATURE Stewart & Shaffer in 19. |
| 19. De C. 25, 19. 46 Earl 7 Webster Registrar | Address Mount Wilson, Md. Dale signed 1.2/25/46. |

27-46

DEC 28 1946
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2-320-1-10

The

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (2)

| -1 | 4 | () | page | | - 1 |
|------|----|-----|------|---|-----|
| T | 1 | Ö | 6 | 1 | 01 |
| Reg. | Di | nt. | No | 3 | 31 |

| CERTIFICAT | TE OF DEATH Reg. Dist. No. |
|--|---|
| County Substitution (If outside city or town limits, write BURAL NEAR and give town) Street address, hospital, or institution. 509 Stay in hospital or inst. (yrs., or mos., or days) Stay in this community (yrs., or mos., or days) Stay in this community (yrs., or mos., or days) | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infacts give residence of mother) State County County Ward No. (If cyteide city or town infacts, write RURAL REAR and give town) Streel No. 5-19 VILLY COAL (Of rural give LOCATION) 2(a) IF VETERAN, NAME WAR |
| 3. (a) FULL NAME Hallowell Sta | Social Security Number |
| 4. Sex Sex Se | MEDICAL CERTIFICATION 20. OATE OF OEATH 21. I CERTIFY that death occurred on the dale above stated; that I attended deceased from 19 , to 19 snd that I last saw h received the last saw h 18 Immediate cause of death for the last saw h 19 Bue to Arteristic less the last saw h 19 Bue to Certify the Charges the last saw h 19 Other conditions are last saw h 19 (include pregnancy within 3 months of death) |
| 14. Malden name SARAH KIRK 15. Birthplace MARYLAND. 16. Informant MR.A. DOUGLAS STABLER | Major findings: Of operations Please underling the cause to white death should be charged statistically. |
| Address I316 EUTAW PLACE. 17BURIEL | 22. V10LENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide |
| Location SANDY SPRING, MARYLAND. 18. Funeral director WILLIAM H. TICKNER & SON'S Address NORTH & PENN. AVES. BALTO., MD. 19. Oate rec's by registrar) Registrar | Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work? Injured at work? Injured at work? Address Towan 4 Mo Date signed 12 21 44 |

VS A15

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example 1 | | Example II | | |
|--|---------------|--|---------------------------|--|
| The principal cause of death and related causes of importance were as follows: Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage 1961 V NVI | July 5, 1927 | Peritonitis | 3 days ago | |
| LANA AGIORIE | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |

| ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN | |
|--|--|
| | |
| | |
| | |
| | |

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| - | 100% | | |

| ~ / | | | CERTIFICAT | E OF DEATH BC | Reg. Dist. No | |
|--|-------------------------|--------------|------------------------------------|---|-------------------------------------|---|
| 1. PLACE OF D | | | | 2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m | DECEASED: | |
| City or town Fort Howard (If outside city or town limits, write RURAL and give nearest town) | | | | StateMaryland Couc | ty | *************** |
| | | | 45minutes | City or town | 1.5 July give ner | rest town) |
| Hospital, Institution, | or street address where | death occurr | ed: | | | |
| | | | oward, Maryland | Street No.3601MtPleasant (If rural, give I | OCATION) | •••••• |
| How long in hospital | or Instituiton?3 | hours | 45 minutes | 2.(a) If veteran, name war | | |
| 3. (a) FULL NAM | ME ACOB STEWA | ρψ | | | 3. (b) Social Security | Number |
| 4. Sex | 5. Color or race | | gle, married, widowed, or divorced | MEDICAL CE | RTIFICATION | |
| | 700 | | | | | |
| Male | White | | Married | 20. DATE OF DEATH December 6 | 19.4.6 | . at . 1 :45 pt |
| 8.(b) Name of 200000 | Kor wife Genev | ieve S | tewart | 21. I CERTIFY that death occurred on the date above | | |
| | •••• | 6. | (c) If alive, give age33 | December 6 19.4 | | |
| T. Birth date of deceased (mo., day | .yr.) 3-31- | 38 | | and that I last saw h.imalive onDece | | |
| 8. AGE: Yea | | Days | If less than one day | Immediate cause of death | | |
| 38 | 8 | 5 | hrs. min. | Rupture of aneurysm | | |
| | Transport - Land | | | cerebral artery | | |
| 9. BirthplaceBi | altimore | dary.len | state) | Due to | • | *************************************** |
| to. Usuat occupation | Charger | BSCO | | Due to | | 1 year |
| tt. Industry or busine | 9 | | | nns to TA bet: cener ou | | |
| -41 | | rt | | Dither conditions. | | |
| | Maryland | | | | | |
| E To. Britispiece | 222 / 2 12 | 34 | | (Include pregnancy within 8 months of death) | | |
| 14. Maiden name t5. Birthplace | ELIZADOT | aWart | n | Major findings of operations | | |
| El t5. Birthplace | Maryland | | | | Date of op | |
| | 01-01-01 | | Clinical Records | Autopsy resultsSubstantiated PHYSICIAN: Please underline the cause to whi | above ch death should he charged | statistically. |
| P | | | Howard, Maryland | 22. VIOLENCE: If death was due to external cause | es, fill in the following; | |
| 17 (Burial, cremation | on, or removal, Which | Date the | reol. (month) (day) (year) | Accident, suicide, or homicide | Date of | |
| | iory /o | chu | vartis lim | Where did injury occur?(City or town) | | |
| Location | | 130 | | Injured at home, farm, Industry, public place (whe | ere?) | |
| 48 Funeral divaste- | Chily | | unid sons | Mssns of injury | Injured at work? | |
| Address 20 | - 1 - 12 | Land | USA | 23. SIGNATURE Morris E. | Krucol | (m.D. |
| 12.1 | 7 . 4 | 6 / | . H. Hedrich | 23. SIGNATURE | м. р. | Other |
| (Date ree'd by r | registrar) | w | Registrar | Address V. A. Ft. Howard, | | 12/6/46 |

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cispecially important. Physicians: please write the causes of death charly and legibly. MARGIN RESERVED FOR BINDING

correct age

WRITE

PLEASE

A15

NS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940,

CERTIFICATE OF DEATH

| | 1. PLACE OF | | | | | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) | | |
|----|-----------------------|-------------|--------------------|-------------------------------|---|---|----------------|--|
| Ü | County Bal | timor | e, | | | | | |
| | City or town | ort H | oward, N | arylan | UKAL and give nearest town) | state Maryland County | | |
| 1 | How long to oboro | nloss of de | atha 2 day | g | OTAD and give hearest town) | City or town Dundalk (If outside city or town limits, write RURAL and give nea | rest town) | |
| ĺ. | Hospital, institution | on, or stre | et address where t | death occurred | ; | Street No. 2466 Keyway | | |
| İ | Vets. A | dm. H | osp. Fo | ort How | ard, Maryland | (If rurat, give LOCATION) | | |
| l | | | | | | 2.(a) If veteran, name war | | |
| l | 3. (a) FULL N | | | | | 3. (b) Social Security | Number | |
| l | ` ` | | . am an ar | | | Unknown | Hamoei | |
| | S BERN. | | . STORCK | | . married, widowed, or divorced | | | |
| 1 | 4. 381 | | | o.(o)omgic | in mailing, windowen, or divoloce | MEDICAL CERTIFICATION | | |
| | Male | M | hite | Marr | ied | 20. DATE OF DEATH December 24, 19.46 | .at6:558M | |
| | | | Helen | Storak | | 21. I CERTIFY that death occurred on the date above stated; that I attended dece | ased from | |
| | 6.(0) Name of hus | spand or w | ile | , 394°, 142°, 154° abo a 36°3 | | December 22 19.46 to December | 24.1946 | |
| | 7. Birth date of | | | 6.(c |) If alive, give ageyears | and that I last saw h imallve on December 24 | 1946 | |
| ١ | deceased (mo., | day, yr.) | 10/20 | 1/1830 | | Immediate cause uf death | | |
| | 8. AGE: | Years | Months | Oays | If less than one day | Coronary Occlusion, acute | | |
| | | 56 | 2 | 4 | hrsmln. | | | |
| l | 6 Bluthstone | Relti | more No | | | Due to Heart Disease: | | |
| ı | | | | | tate) | Coronary Arteriosclerosis, Anginal | | |
| | 1D. Usual occupa | tion | etired | | *************************************** | Oue to syndrone | | |
| | 1t, industry or b | uelnace | | | | DUE TO | | |
| | | | nd C St | orek | | Other conditions Hypertension, arterial | | |
| | | | imore, N | | | | | |
| - | | | | | | (Include pregnancy within 3 months of death) | Ara. hras | |
| | | | | | | Majur fludings of operations. | | |
| | 15. Birthplac | e B | altimore | e, Mary | rland | Date of op. | | |
| | 10 laterment | Regis | trar's | ffice. | Clinical Records | | | |
| | | | | | | PHYSICIAN: Please underline the cause tu which death should be charged | statistically. | |
| | | | loward, A | · · | 17-11/ | 22. VIOLENCE: tf death was due to external causes, fill in the following; | | |
| | 17] | rial | removal. Which | Date there | (month) (day) (year) | Accident, suicide, or homicide | | |
| | | | 1 / | | leener (year) | Where did Injury occur? | | |
| | Cemetery or co | rematory | Joly | _ | 200 | | | |
| | Location | Sal | lum 0 | re | W/Q: | Injured at home, farm, industry, public place (where?) | | |
| - | 16. Funeral direc | 7 | llour | nt! | amacost | Means of Injury Injured at work? | | |
| | A | | 1.1 | 1 | 0+1 | genon Qui | | |
| | Address 3 | 711 | Dibert | y / | rights we | 23. SIGNATURE Kobert M. Cullison | 1 | |
| - | · Stee | . 2/ | 19 46 | 1 6 | dd. Karreal | R. M. CULLISON, M.D. CLIN. D | IR. | |
| | 19. 10 | - 0 | | | Registrar | MA WOCD Et Homond Male signed | 12-21-16 | |

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St. Baltimore (1970)

| 111 | 075 | |
|----------|-------|-----|
| 11 | 010 | 20, |
| Reg. Dis | t. No | 201 |

Date signed 12-4-46.

| | CERTIFICATE OF DEATH | | | |
|-----------------|---|--|--|--|
| PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) (For newborn infants give residence o | | | |

| County Balto A | (For newborn infants give residence of mother) |
|--|--|
| 1 1: | State Med. County Balto |
| (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? | City or fown. (15 outside city or town limits, write RURAL and give nearest town) Street No. 5/7 Mandage R. Rol. |
| | (If rural, give LOCATION) |
| How long in hospital or institution? | 2.(a) If veteran, name war |
| 3. (a) FULL NAME Innie I. Strickle | 3. (b) Social Security Number |
| 4. Sex 5. Color or race 6.(a) single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| Female White Widowid | 20. DATE OF DEATH December 4. 1946 at 545 A.M |
| B. (b) Name of husband or wife | 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from NOV. 21. 1944 to Aller H. 1946 and that I last saw here aller on December 1946 |
| deceased (mo., day, yr.) Arc 14, 817 8. AGE: Years Months Days If less than one dayhrsmin. | Immediate cause of death DURATION Adeno-pareironal of Uterus: |
| 3. Birthplace (Town, county, and state) 10. Usual occupation Hassalles | Due to |
| 11. Industry or business 12. Name Sacratal 13. Birthflare | Other conditions |
| 14. Maiden name Sanah Alashart. 15. Birthplace Ga | (Include pregnancy within 8 months of death) Major findings of operations |
| 16. informant Mus James P. Thangeron. Address 5/7 Hurdoch Rd. | Antopsy results |
| (Burial, eremation, or removal, Which?) Bate thereof 4 4 7 9 4 6 (month) (day) (year) | 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide |
| Cemefery or crematory. | Where did injury occur? |
| Location Mayer Car | Injured at home, farm, industry, public place (where?) |
| 18. Funeral director & hemanuetts + Danascon | Means of Injury Injured at work? |
| Address 3615-17 Chestonet Ave. | 23. SIGNATORE M. D. or other |
| 1715 4 971 | and the contract |

Registrar Wress 6014 Work Road

VS A15

/レー仏 (Date ree'd by registrar)

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93.

CERTIFICATE OF DEATH

| *! | 11 | 876 | ~ |
|-----|---------|-------|----|
| Reg | . Diat. | No. 3 | 80 |

| | Reg. Diat. No |
|---|---|
| 1. PLACE OF DEATH: County. City or town. (Ikontside city or town limits, write RERAL and give nearest town) How long in above place of death? Neophial, institution, or street address where death occurred; | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State |
| How long in hospital or institution? | 2.(a) If veteran, name war |
| 3. (a) FULL NAME Ruth B. Suth 4. Sex 5. Color or race 6. (a) Single, married, midwed, or divorced | Ren 3. (b) Social Security Number MEDICAL CERTIFICATION 30 |
| Finale White Divorced | 20. DATE OF OFATH DZC 16th 1946 12 7 M |
| 6.(b) Name of husband or wife wood Sutphin 7. Birth date of deceased (mo., day, yr.) Supphin 147 1896 | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. / 3. io. D. R.L. 16. 18. / 6. end that I last eaw h |
| 8. AGE: Years Months Days If less than one day 50 6 2 hrs. min. 8. Birthplace Tayling Co. Va. (Town, county, and state) | Due to |
| 10. Usual occupation Trons Ever 4. 11. Industry or business Qt Horse 2 | Due to |
| 12. Name Hang Ball Va. | Other conditions |
| 14. Maiden name Lillian Knusford Va. 15. Birthplace | (Include pregnancy within 8 months of death) Major findings of operations. |
| 16. Informant Itemry U. Sutphin | Autopsy results |
| 17. (Burial, aromation or romoval Which?) Cometory or-everatory. Monal and Fard | 22. VIOLENCE: If doath was due to external causes, fill in the following; Accident, suicide, or homicide |
| Location Park villa Md. 18. Funeral director. William Cook Duc. | Injured et home, farm, Industry, public place (where?) |
| Address /2/7 St. Paul St. 19. (V) 8 146 PWALER (Date ree'd by registrar) Registrar | 23. SIGNATURE THANK CE. GROWN D. O. OFFICE M. D. or other Address & 100 Haspeel M. Date signed 12/17/146 |

2411 N. Charles St., Baltimore (82)

CERTIFICATE OF DEATH

| 1. PLACE OF EATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) |
|--|---|
| City or town (If outside city or town limits, write RURAL and give nearest town) | Slate Lea County Dalle |
| flow long in above place of death? | (If outside city or town limits, write RURAL and give-nearest town) |
| Hospital, institution, or street address where death occurred; | Sireet No. 6.018 Old Malford R.S. |
| | (If rural, give LOCATION) |
| How long in hospital or institution? | 2.(a) If veteran, name war |
| 3. (a) FULL NAME | 3. (b) Social Security Number |
| MARYT SUTTO | N |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| I My Midorell | 20. DATE OF DEATH December 28 h 19.46 st 1010 M |
| B.(b) Name of husband or wife John Lew Low | 21. I CERTIFY that death occurred on the date above stated: that 1 stlended deceased from |
| 8,(c) 11 alive, give ago | December 15th 19.46 to Dec 28 19.46 |
| 7. Birth date of | and that I last saw h |
| deceased (mo., day, yr.) | Immediate cause s1 death, DURATION |
| 8. AGE: Years Months Days If less than one day | Bulkar Paralyses 10 day |
| 10 7 22 minsmi | |
| 71.11. | Que to Secretal arlens Pelerose |
| 9. Birthplace (Town, county, and state) | Due to |
| Laure Trafe | |
| 10. Usual occupation | Due to |
| 11. Industry or business | |
| 12. Name 12 M Current 13. Birthplace | The Other conditions |
| 13. Birthplace Quel. | |
| | (Include pregnancy within 8 months of death) |
| 14. Maiden name | Major findings of operations. |
| S 15. Birthplace | |
| May Elizabel Kentland | Astopsy results |
| 18. Information 18. | PHYSICIAN: Please underline the cause to which death should be charged statistically. |
| Address / Louis vous of 1 miles | 22. VIOLENCE: If death was due to external causes, fill in the following: |
| 17 Durill Date thereof bloc 21-4 | |
| (Burfal, cremation, or removal. Which)) (month) (day) (year) | Accident, suicide, or homicide |
| Cemelery or cremator Company | (City of town) |
| Localize of A large state from The | J. Vjured at home, farm, Industry, public place (where?) |
| | Means of Injury Injured all work? |
| 18. Funeral director | |
| Address Bury And Troff | 23. SIGNATURE Daniel afl Thos Jemilis |
| AVAC 30 HGUN VANILY NOW TO | M. D. or other |
| (Date rec'd by registrar) | rar Address Date signed 30 1816 |

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. IARGIN RESERVED FOR BINDING

PLEASE

36

JAN 7 1947 BUREAU V.S.

2-25

2-380-2-10

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Churles St., Baltimore 970

| CERTIFICATE | OF DE | ATTI |
|------------------------------|-------|-------|
| C.P. K. I. I.P. I.C. A. I.P. | | A I I |

| 1 | * | | 2 | 01 |
|---|-----|---------|----|-----|
| 1 | | | 2 | ()/ |
| | Reg | . Diat. | No | |

BC

| 1. PLACE OF DE | ATH: | | 2. USUAL RESIDENCE (HOME) C | F DECEASED: | |
|--|---------------------------|--|--|--|---|
| County Baltimore City or town Catonsville, Maryland (If outside city or town limits, write RURAL and give nearest town) | | State Md. County | | | |
| How long in above place | e of death? | l Week | | City or town Baltimore (If outside city or town limits, write RURAL and give nearest town) | |
| | r street address where | Iome | street No. 2850 W. Lan | vale St. | *************************************** |
| / | - | Week | 2.(a) if veteran, name war. | | |
| 3. (a) FULL NAM | | | Z.(a) is recease, maine wal | | |
| S. (a) PULL NAM | | J. Swann | | 3. (b) Social Security | Number |
| 4. Sex | 5. Color or race | 6.(a)Single, married, widowed, or divorced | MEDICAL C | ERTIFICATION | |
| Female | White | Widowed | 2D. DATE OF DEATH Dec. 16. | | 11.45AM |
| | | M. Swann | 21. I CERTIFY that death occurred on the date above stated; that t attended daceased from | | |
| 7 Blath data of | | | and that I last saw h | des 15 | 10 46 |
| deceased (mo., day, | yn April] | 3, 1860 | Immediate cause of death | | |
| 8. AGE: Year | | Days If less than one day | | | |
| 86 | 8 | 3hrsmin. | Chronic Endoca | rdetta | 3 weeks- |
| 9. Birthplace | Baltimore (Town, |) Md.county, and state) | Due to | | |
| 1D. Usuat occupation | | Due to. | | | |
| f1. Industry or busines | | ome | - | | |
| 12. NameJ. | . Frankli | n Smith | Other conditions | | |
| 13. Birthplace | | a | (Include pregnancy within 3 | Abo of donah | *** |
| # 14. Maiden name | Julia / | . Payne | The state of the s | | |
| S 15 Birthalace | Julia A | 8 | Major findings of operations | | |
| Man. | T Down | ne Smith | | | |
| 10, tillotiliziitsam | · m G. i.w. i.w. av Briu | | Autopsy results | hich death should he charged | statistically. |
| | al n, or removal. Which?) | Date thereof. 12/18/46 (month) (day) (year) | 22. VIOLENCE: tf death was due fo external ca | | |
| Cemetery or crematory. Western | | Where did injury occur?(City or town) | | | |
| Location Baltimore Md. | | Injured at home, farm, industry, public place (v | | | |
| | | ittle | Meens of Injury | Injured at work? | |
| | | 0 | 1. | | |
| | | b-1-11-0 | 23 SIGNATURE JOSSE C. K | ueraou. | or other |
| 19. (Date rec'd by re | 7 13 4 G | Registrar | CAddres 3055 M. North | Tue . Date signed | Dec 16-46 |

3055 W. northau

2411 N. Charles St., Baltimore

2411 N. Charles St., Baltimore

11879

CERTIFICATE OF DEATH

Reg. Dist. No.

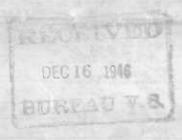
| 1. PLACE OF DEATH: County | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State City or town. (It outside city or town limits, write RURAL and give nearest town) Street No. 3. (a) If veteran, name war. (It rural, give LOCATION) 3. (b) Social Security Number |
|--|---|
| 4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced single | MEDICAL CERTIFICATION 20. DATE OF DEATH Weemler 13 th 1946 21 10:15 th |
| 8.(b) Name of husband or wife | and that I last say h days, allve of 18 18 18 18 18 18 18 18 18 18 18 18 18 |
| 9. 8irthplace | Due to |
| 13. Birthplace Hungary 14. Malden name Mary 15. Birthplace Hungary 2012 | (Include pregnancy within 3 months of death) Major findings of operations. Bate of 5p. |
| 17 | PHYSICIAN: Please onderline the cause to which death shoold be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide |
| Location General Will Brad 18. Funeral director Roland L. Typhen Address 2112 Dunaalk ave. | Where did injury occur? (City or town) (County) (State) Injured at home, tarm, industry, public place (where?) Means of injury injured at work? |
| 19. 12/15/469 Amlearme | 23. SIGNATURE M. D. or other Address Date Under 13 4 |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11880

CERTIFICATE OF DEATH

Reg. Dist. No. 330

| 1. PLACE OF DEATH: Beltimore | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants givo residence of mother) Md County Beltimore City or town OWings Mills (If outside city or town limits, write RURAL and givo nearest town) Strest No. Reisterstown Rd (If rural, givo LOCATION) 2.(a) It veteran, names war. 3. (b) Social Security Number 078-05-1120 MEDICAL CERTIFICATION | |
|---|--|--|
| M W M | 20. DATE DE DEATH. December 28 19 46 , 81 3 P | |
| 6.(b) Name of husband or wife Edna May Turnbaugh 6.(c) If alivs, give age 58 years 7. Birth date of deceased (mo., day, yr.) August 2 1883 | 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19. 14. 10. 12. 2. 19. 19. 10. 12. 2. 19. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10 | |
| 8. AGE: Years Months Days It less than one day 63 4 26 min. | Immediate cause of death DURATION Sunshet would of head Section | |
| 8. Birthplace Owings Mills-Balto Co-Md (Town, county, and stote) to. Usual occupation Shop worker-Balto Transit Co ti. Industry or business 12. Name Unknown | Due to | |
| | (Include pregnancy within 3 months of death) | |
| t 4. Malden name | Major findings of operations. | |
| t8. Informant Mrs Edna May Turnbaugh Addrsss Owings Mills Md | Autopsy results | |
| t7 Burial Date thereot Dec 31 1946. (Burial, cremation, or removol. Which?) Cemetery or crematory Pleasant Grove Cemetery Location Boring Md 18. Funeral director Wm Berryman & Sons | 22. VIOLENCE: It death was due to external causes, fill in the following: Accident, suicide, or homicide. A suicide of the fill of the fi | |
| Address Reisterstown Md 19. Dec - 30 - 19 46 Mary B. Fline (Date ree'd by registrar) | 23. SIGNATURE Dr. D. D. Caples, M. D. or other Address Quaterstaum, S. D Date signed 12-50-46 | |

MALYLAND STATE DEPARTMENT OF BEALTH

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PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

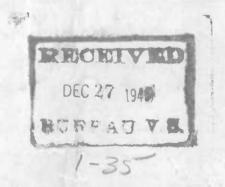
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11881

CERTIFICATE OF DEATH

Reg. Dist. No. 301

| | Reg. Diat. No. | | |
|---|--|--------------------|--|
| 1. PLACE OF DEATH; County (If outside city or town limits, write RURAL and give nearest town) How long in above place of dealh? (Howling in above place of dealh? (Hospital, Institution, or street address where death occurred: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Stats Couely Couly Couly Clif or town Ciff outside city or town limits, write RURAL and give nearest town) | | |
| | Street No | | |
| How long in hospital or institution? | 2.(a) If veteran, name war. | | |
| 3. (a) FULL NAME | 3. (b) Social Secur | ity Number | |
| 1. Sex 5. Color or racs 6.(a) Single, marrisd, widowsd, or differed White Wielowse | MEDICAL CERTIFICATION 20. DATE OF DEATH 20. DATE | 5-15 | |
| 6,(b) Name of husband or wife late Rellie Wegner 8.(c) If alive, give ags | 21. I CERTIFY that death occurred on the date above staled; that I attended to | leceased from | |
| 7. Birth date of dsceassd (mo., day, yr.) Jun 23 - 1874 | and that I last saw have alive on Rec. 19 | | |
| 8. AGE: Years Months Days If less than one day 72 10 26hrsmin. | Cerebral lementage | 2days | |
| 8. Birthpiace Baltimes And (Town, county, and state) 10. Usual occupation Petricus Inscelden. | Dus to. Ayfurliusian | unluna | |
| 11. Industry or business R. R. Sheps | Due to. | and the same | |
| 12. Name Correct Wagner 13. Birthplace Hermany | Other conditions Autoria . I class . | | |
| 14. Maiden name Mary Reightleitner 15. Birthglace Fernang. | Major findings of operations | | |
| 16. Informant 30 Millione & Wagner | Antopsy results | red statistically. | |
| 17. Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) (month) (day) (year) | 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicids, or homicide | | |
| Cemetery or cramatory Stullow Stull Com | Where did injury occur? (City or town) (County) Injured at home, farm, industry, public place (whers?) | (State) | |
| 18. Funeral director Les P. Boyer Dr | Msans of Injury Injured at work? | | |
| Address/5/2 Hollingt | 23. SIGNATURE ///// Hering | 74.0 | |
| 19, /2-25 19 46 Harrish fillight (Date rec'd by registrar) 19 16 Registrar | Address Telanista 28 - 74 Pate sign | sd | |



ADING INK. Supply every item of information carefully. The co-Physicians: please write the causes of death clearly and legibly.

age

WRITE PLAINLY, WITH UNF. is especially important.

PLEASE

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| MARVIAND | STATE | DEPARTMENT | OF | HEALTI |
|----------|-------|------------|----|--------|
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2411 N. Charles St., Baltimore

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| | 11 | 81 | 3 | 0 | |
|---|-----|----|-------|---|-----|
| | 2 1 | O | N. C. | 7 | 1 |
| - | - | | | | - 4 |

CEDTIFICATE OF DEATH

| | | • | CERTIFICA | Reg. Dist. No. | | | | |
|---|---|-------------|----------------------------------|--|--|--|--|--|
| 1. PLACE OF DE | ATH: | | | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) | | | | |
| County. | Baltim | ore | | | | | | |
| City or town | Catons | ville | URAL and give nearest town) | State Maryland County | | | | |
| Aow long in above place of death? 1 year, 3 months, 28 days Hospital, institution, or street address where death occurred: Spring Grove State Hospital | | | months. 28 days | City or town Baltimore (If outside city or town limits, write RURAL and give near | eat town) | | | |
| | | | 1; | Street No. 3428 Roland Avenue | | | | |
| | | | tal | (If rural, give LOCATION) | V | | | |
| How long in hospital or | institution? 1 ye | ar, 31 | months, 28 days. | 2.(a) if veteran, name war | ······································ | | | |
| 3. (a) FULL NAME | | ce Wag | ner | 3. (b) Social Security I | lumber | | | |
| 4, Se1 | 5. Color or race | 8.(a) Singl | e, married, widowed, or divorced | MEDICAL CERTIFICATION | | | | |
| Male | Whate | Si | ngle | 2D. DATE DF DEATHDecember 21, 194619 | . 7.40 P. | | | |
| | | | | 21. I CERTIFY that death occurred on the date above stated; that I attended decea | | | | |
| 6.(b) Name of hysband | or wife | No | nə . | | | | | |
| | 0000 0000000000000000000000000000000000 | 8.(| c) If alive, give ageyears | and that I last saw h. im _alive on Docmobr 21, 1946 | | | | |
| 7. Birth date of decassed (mo., day, y | a) July 13 | 1887 | | Immediaty cause of death | DURATION | | | |
| 8. AGE: Years | | Days | If less than one day | Acute myocardial failure | | | | |
| 59 | 8 | 8 | hrsmin. | Like to the total the territory of the t | | | | |
| 9. Birthplace | Cler | k | ryland | Due to Acute perforation of a chtonic gastric ulcer Due to | 24 hours | | | |
| | | | | Other conditions. | ., | | | |
| 12. NameW. | England | | | | | | | |
| | Alice Geo | rea | | (Include pregnancy within 3 months of death) | | | | |
| 14. Maiden name | | 1.5. | | Major findings of operations Obstruction by malle | able mass | | | |
| | England | | | in the colon Date of op 12/ | 21/46 | | | |
| 16. Informant Ho so | ital Recor | ds | | Autopsy results | | | | |
| Address Cato | nsville, 2 | 28. Md. | 1 | PHYSICIAN: Please underline the cause to which death should be charged a | tatistically. | | | |
| . Bun | | | lee 24/46. | 22. VIOLENCE: If death was due to external causes, fill in the following; | | | | |
| (Burial, cremstion | , or removal. Walch |) | (month) (My) (year) | Accident, suicide, or homicide | | | | |
| Cemetery or cremate | , Lou | don | Gock. | Where did injury occur? | (State) | | | |
| t No | | linie | Poad. | injured at home, farm, industry, public place (where?) | | | | |
| rocation | | | Dr Panovau | Msans of injury injured at work? | | | | |
| 1B. Funeral director | grun | | | 11. AAN. 1 | 118 | | | |
| | 5-17 61 | - | June 10 | 23. SHEWATURE NEWY TULL EAST | ya, | | | |
| 19. (Date rec'd by re | U3 1946 | -11 | Registrat | Henry C. A. Mead, M.D. M. D. o. Catonsville, 28, Md. Date signed. | 12/22/46 | | | |

VS A15

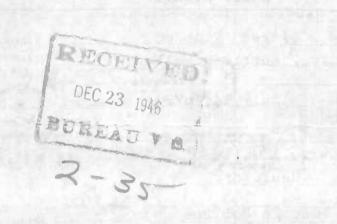
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (830)

CERTIFICATE OF DEATH

11883

| 1. PLACE OF DEATH: Balto. County | State Md. County Balto. | | | |
|--|--|--|--|--|
| How long in above place of death? 20 yrs Hospital, institution, or street address where death occurred: | (If outsidacity or town limits, write RURAL and give nearest town) Street No. Pleasant Hill Road | | | |
| How long in hospital or institution? | 2.(a) If veteran, name war | | | |
| 3.(a) FULL NAME Addie B. Walls | 3. (b) Social Security Number None | | | |
| 4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Female Colored Widowed | MEDICAL CERTIFICATION 20, DATE DF DEATH DEC 14 1944, at 9 A M | | | |
| 8.6) Name of husband or wite. Morris G. Walls 6.6) If alive, give age years 7. Sirth date of deceased (mo., day, yr.) July 14, 1879 | 21. I CERTIFY that death occurred oo the date above stated: that I attended deceased from 19.44 to 9.45 to 19.44 to 19. | | | |
| 8. AGE: Years Months Days It less than one day 67 5 hrsmin. | Immediate cause of death DURATION Correlation Herman Herman | | | |
| 6. Sirthplace Carroll Co (Town, county, and stata) 1D. Usual occupation Housework 11. Industry or business 12. Name George Collins 13. Birthplace Carroll Co | Due to | | | |
| 14. Malden name Carrilla Boardley 15. Sirthplace Howard Co. 16. Informant Mrs. Elsie Collins | (include pregnancy within 8 months of death) Major findings of operations. Date of op. Autopsy results. PHYSICIAN: Please anderline the cause to which death should be charged statistically. | | | |
| Burial Date thereof Dec. 17, 1946 (Burial, cremation, or removal, Which?) Cemetery or crematory Johnsville Location Carroll Co. | 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide | | | |
| 18. Funeral director. J.F.Eline & Sons Address Reisterstown, Md. 19 | 23. SIGNATURE D. D. Esplis M. D. Eranne Address Reisterstown, M. D. or other | | | |



WRITE

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

| 1. PLACE OF DEATH: | | | | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) | | |
|---|---|---------------|---|--|---------------------|--|
| County Balt: | more | | ••••••••••••••••••••••••••••••••••••••• | State Maryland County C.O. | | |
| City of town | FORT HOWA | I'd | RURAL and give nearest town) | | | |
| How long in above place of death? 257 De ys | | | | City or town Glen Bernie (If outside city or town limits, write RURAL and giv | a nearest fown) | |
| Monital Institution or street address where death occurred: | | | sd: | | | |
| Vets. Adm. Hospital, Ft. Howard, Maryland | | | Howard, Maryland | Street No. 3 Crain Highway. (If rural, give LOCATION) | | |
| How long in hospital or institution? 257 Days | | | · · · · · · · · · · · · · · · · · · · | 2.(a) If veteran, name war WWI-I | V | |
| 3. (a) FULL NAM | | | | 3. (b) Social Secu | | |
| | | HN G.C. | WALTER | 215-07 | • | |
| 4. Sex | 5. Color or race | | ile, married, widowed, or divorced | MEDICAL CERTIFICATION | | |
| Male | White | | Widowed | 20. DATE OF DEATH December 8, 1546 | 7:00 A | |
| 6.(b) Name of husband | Wide | wed | | 21. I CERTIFY that death occurred on the date above stated; that I attended | | |
| 6.(0) Name of nusband | or wife | | | March 26, 46 to Decemb | er 8, 1,46 | |
| 7. Birth date of | *************************************** | 6. | (c) If alive, give ageyears | and that I last saw h im alive on December 8, | 1946 | |
| deceased (mo., day, | yr.) 1-3-88 | | | Immediaty cause of death | | |
| 8. AGE: Year | | Days | If less than one day | Coronary Arteriosclerosis | | |
| 58 | 11 | 5 | hrsmln. | Anterior descending artery with | | |
| 9. BirthplaceBa. | ltimore, M | larylan | d | xxx thrombosis infarction left | | |
| | (Town | , county, and | atate) | ventricle | Sudden | |
| 10. Usual occupation. | Laborer | | | Que to. | | |
| 11. Industry or busines | | | | | | |
| Mame Joh | n Walter | | | Diher conditions Old Coronary thrombosis w | rit | |
| 12. Name Joh 13. Birthplace | Marylar | ıd | | infarction of left ventricle | 1 Year | |
| | | | | Diabetes include pregnancy within 3 months of death) Arteriosclerotic gangrene left le | 1 Year | |
| 14. Malden name. | | | *************************************** | Arteriosclerotic gangrene left le | E. P. Trans | |
| | Marylar | | | With ampacation | O MOSE | |
| 16. Informant Reg | istrar's (| ffice, | Clin. Records, | Antopsy results Substantiated above | 1 | |
| Address Vets | . Adm. Hos | sp., Ft | . Howard, Md. | PHYSICIAN: Please underline the cause to which death should be char | rged statistically. | |
| . B. | ma l | Date II. | Doc. 11144-6 | 22. VIOLENCE: If death was due to external causes, fill in the following: | | |
| 17. (Burial, cremation | , or removal. Which | ?) | reof (month) (day) (year) | Accident, suicide, or homicide | | |
| Demetery or cramat | or TROTTS | my TE | Maple Sono | Where did injury occur? | (State) | |
| Location Land | ' // | an | n \$15 | Injured at home, farm, industry, public place (where?) | | |
| and the second | -1.7. | Dall | 2212/1/3/2-11 | Maans of Injury Injured at work? | | |
| 18. Funeral director | ' ' - | 3 | ennes Par | $\cap \cap \cap$ | • | |
| Address 4 | 20000 | 32/12 | er wid | 23. SIGNATURE (1.4). French | | |
| 12/9 | .×6 | 4 | . 1s. Hedreit | 23. SIGNATURE (1.1). Trench A. B. FRENCH, M. D. M | D, or other | |
| 19. (Date rec'd by re | gistrar) | | Registrar | Address V. A. Ft. Howard, Md. Date sig | | |

VS A15

| MA | RYLA | IND | STATE | DEPARTMENT | OF | HEALTE |
|-------|-----------|-------|-------|--------------|----|-------------|
| III A | IN 1 14 E | *1517 | MALL | DEL ANTIHETT | VI | ALLEY LA LA |

2411 N. Charles St., Baltimore (46-2)

CERTIFICATE OF DEATH

| | | 1 | 1885 |
|----------|------|-------|-------|
| The same | Reg. | Dist. | No. 9 |

| How long in above place Hospital, institution, or | 2315 Bir Lar | | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Md County State Larchmont (If outside city or town limits, write RURAL and give nearest town) Street No. 2315 Birch Drive (If rural, give LOCATION) 2.(a) If veteran, name war. | | |
|---|---------------------------------|--|--|---|--|
| 3. (a) FULL NAM | IE | | | 3. (b) Social Security Number | |
| | | Chester Read Wells | | 216-10-4846 | |
| 4. Sex | 5. Color or race | 6.(a)Single, married, widowed, or divorced | MEDICAL CE | ERTIFICATION | |
| Male | White | Married | 20 PATE OF DEATH 21 Decen | nber 19 46 91 2: 20 PM | |
| 6.(b) Name of husband 7. Birth date of deceased (mo., day, | m) Augus | e R.Wells | and that I last saw him alive on 20 I | 16 to 21 Dec. 1946 December 1946 Duration | |
| 8. AGE: Year 58 | | 16hrsmin. | rectum and Peelonephritis | l year. | |
| 9. Birthplace | Field | Md county, and state) Manager eral Motors | Due to | | |
| | Baltimor | | Other conditions Diabetes me | elitus 12 year | |
| ## 14. Walden name Ida M.Rodgers ## 15. Birthplace Maryland | | | Major findings of operations. Carcino | oma of the rectum | |
| 16. latermant | Elsie R. 2315 Bir | Wells ch Drive | Autopsy results. None. PHYSICIAN: Please underline the cause to wi | | |
| 17. Bur | ial m, or removal. Which?) tory | Date thereof Dec 24 1946 (month) (day) (year) | 22. VIOLENCE: tf death was due to external cau Accident, suicide, or homicide | Date of | |
| Location | Woods | ewn Md | . Injured at home, farm, industry, public place (wi Means of injury | Injured at work? | |
| Address 4 | 204 Ridge | onthe | 10-10 | M. D. or other St. Date signed 3 Dec, 1946 | |

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MARYLAND STATE DEPARTMENT OF HEALTH

| 2411 | N. | Charles | St., | Baltimore |
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| | 1 | 3. (| 20 | UA | T |
| 2.4.4 | | | | 3 | 0 |

DURATION

| CERTIFICA | TE OF DEATH Reg, Diat. No. 3 | | |
|--|--|--|--|
| 1. PLACE OF DEATH: County Baltimore City or town Towson (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 2 years Nospital, Institution, or street address where death occurred: 33 Allegheny Avenue How long in hospital or institution? 3. (a) FULL NAME Clara May | State Maryland county Baltimore Towson (If outside city or town limits, write RURAL and give nearest to 33 Allegheny Avenue (If rurai, give LOCATION) None | | |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION | | |
| Female White Single | 20. DATE OF DEATH December 10 1946 3:21 | | |
| 8.(b) Name of husband or wife 5.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) 4. AGE: Years Months Days It less than one day | Immediate cause of death | | |
| 80 5 19min. | anderto selenosis hyperlentins 3.3 | | |
| 9. Birthplace Towson, Maryland (Town, county, and state) Homemaker | Bue to. | | |
| 11. Industry or business At Home | | | |
| E 12. Name Samuel N. Whittle 13. Birthplace Maryland | | | |
| 14. Malden name Georgeanna Higle 15. Birthplace Maryland | (Include pregnancy within 8 months of death) Major findings of operations | | |
| 16. Informant Miss Annie Phipps | Autopsy results | | |
| Address 33 Allegheny Ave., Towson, Md. 17. Burial Date thereof Dec. 12, 1946 (Buriat, cremation, or removal. Which?) Cemetery or crematory Govans Presbyterian Cem. tocation Baltimore, Maryland 18. Funeral director, July During Single | 22. VIOLENCE: If death was due to exteroal causes, fill in the following: Accident, suicide, or homicide | | |
| Address Towson, Maryland | 1. Sellmann J. M. D. or other | | |

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JAN 1-1947
BUREAU 13

2-380- 2-10

Reg. Dist. No.

CERTIFICATE OF DEATH

| I. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) | |
|---|--|-------------------------------------|
| County Baltimore | State Md. county Baltimore | |
| Reisterstown (If outside city or town limits, write RURAL NEAR and give town) | - 1 | |
| | City or town Reisterstown W. (If outside city or town limits, write RURAL NEAR and give | ard No |
| eet address, hospital, or institution: | (If outside city or town limits, write RURAL NEAR and give | (Gwu) |
| | Street No. 52 Bond Aye. (If rural give LOCATION) | |
| ay in hospital or inst. (yrs., or mos., or days) | | |
| stay In this community (yrs., or mos., or days) | 2(a) IF VETERAN, NAME WAR | |
| B. (a) FULL NAME | 3. (b) Social Security | |
| ROBERT PAUL WILLIAM | rg 212-05- | 0734 |
| | MEDICAL CERTIFICATION | |
| Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | | |
| ale Colored Single | 20. DATE OF DEATH December 9, 19 4 | 6, at 1.1_A_M |
| | 21. I CERTIFY that death occurred on the date above stated; that I attended deco | |
| 3 (b) Name of husband or wife | 11-29 19 46 10 12-8 | 19:46 |
| | end that I last saw h Low allve on 12-8-46 | 19 |
| 7. Birth date of \$12 27 1908 | end that I last saw h 2772-211ve on | |
| deceased (mo., day, yr.) 8. AGE: Tears Modifies Days If less than one day | Immediate cause of death | OURATION |
| o. Ade: | aremis 1 | 16 days |
| 38 2 12hrs | The state of the s | |
| Buthaless Howard Co. Md. | oue to was removed at Johns Hope | emo |
| 9. Birihplace Howard Co Hd (Town, county, and state) | Gas in 1933. | |
| 10. Usual occupation Cook | - | |
| | Oue to Corpolly due to a pyelitis. | |
| 11. Industry or business | - There are to a projective | |
| 12. Name Mathias Williams 13. Birthplace Md. | Other conditions | |
| ₹ 13. Birthplace Md. | Living and death) | |
| 14. Malden name Clara Garrett | (Include pregnancy within 3 months of death) Major findings: | PHYSICIAN |
| H 14. Maigen name | Of operations | . Please underlin |
| 15. Birthplace Md. | | fhe cause to whi death should be |
| 16. Informant Rev. Mathias Williams | | charged statisti- |
| \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | Of eutopsy | - Valif. |
| Address 52 Bond Ave, | 22. VIOLENCE: If death was due to external causes, fill in the following: | |
| 17. Burial (Burlal, cremation, or removal. Which?) (Burlal, cremation, or removal. Which?) | Accident, suicide, or homicide Bate of | |
| | Accident, aniorac, or nominees | |
| Cemetery or crematory West Liberty Cem. | Where did injury occur?(City or town) (County) | (State) |
| Location West Liberty, Howard Co., Md. | Injured at home, farm, Industry, public place (where2) | |
| | Means of injury injured at work? | |
| 18. Funeral director Mrs. Frances-A. Hemsley | mysia vi mprij | |
| Address 578 W. Biddle St. | 9 9 4 . 112 5 0 | |
| AUDICOS DIO W. DICULTO | 23. SIGNATURE A CONTINUE TO MAN IN THE TOTAL OF THE TOTAL |), or other |
| 10/2-10 164 MWARES | | |
| (Date ree'd by registrar) Registrar | address Austinstaum, Md. Date sign | ned 12 - 9 - 4 |

VS A15

MARGIN RESERVED FOR BINDING

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



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CERTIFICATE OF DEATH

| | Par | Dist | No. 372 |
|---|------|-------|---------|
| C | Reg. | Diat. | No |

| a DILOT OF DELTH | 2 USUAL DESIDENCE (HOME) OF DECFASED. |
|--|---|
| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) |
| County | State And County Bulturnove |
| (If outside fity or town limits, write RURAL and give nearest town) | |
| How long in above place of death? 3 400, 9 months | (If outside city or town limits, write RURAL and give nearest town) |
| How long in above place of death | |
| | greet No. 1213 C. Moth Gree |
| | |
| How long in hospital or institution? | 2.(a) If veteran, name war. |
| 3. (a) FULL NAME | 3. (b) Social Security Number |
| Mis, Bertha M. Hoods | |
| 4. Sex (5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| France & to Wilner | 20. DATE OF DEATH. Dec 23 19 46 17 20 19 |
| vernue ways was | 20. DATE OF DEATH Dec 23 19 46 at 7 19 46 |
| 8. (b) Namo of husband or wife Charles Henry Hours | 21. I CERTIFY that death occurred on the date above stated; that t attended deceased from |
| | July 1 19 46 10 Dec 23 19 46 |
| 7. Birth date of | and that I last saw hat alive on Dec 23 |
| deceased (mo., day, yr.) 100, 1-1873 | Immediate cause of death a cute conges were DURATION |
| 8. AGE: Years Months Days If less than one day | heart failmen 2d. |
| 73 / 22hrsmin. | July July |
| | as lesin as lesining the und |
| 8. Birthplace Centerrille Mac (Town, county, and state) | Due to. |
| 11 | |
| 10. Usual occupation Thereselve of | Bue to |
| 11. Industry or business Oun Kime | |
| 12 Name Newsy a Collins | Other conditions |
| D let | |
| 13. Birthplace Sallemore MA | (Include pregnancy within 3 months of death) |
| = 14. Malden name Server Cook | Major findings of operations |
| 15. Birthplace Baltimore Mil | Qale of op. |
| The symptom of the state of the | |
| 18. Informant Jalian M. Schuttagy | Antopsy results |
| Address Masonia Home Cockeyenlle | |
| 13:12 - 19 41 | 22. VIOLENCE: If death was due to external causes, fill in the following: |
| (Burial, cremation, or removal, Which?) Date thereof (month) (day) (year) | Accident, suicide, or homicide |
| Cemetery or crematory Landen Park | Where did injury occur? |
| 01 1 1 1 1 1 | |
| Location Met W Taustand | Injured at home, farm, industry, public placo (where?) |
| Hom. Cools | Moans of Injury Injured at work? |
| 18. Funeral director. | 1.111 |
| Address St. Vaul + Treston & | 23. SIGNATURE halku T. Kees h. D. |
| A all Il I'm Sales alos | M. D. or other |
| 19. (Date rec'd by registrar) Registrar | Address Cockeysville, and Date signed 1 2/23/46 |



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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (50)

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CERTIFICATE OF DEATH

Reg. Diat. No ..

| 1. PLACE OF DEATH: County 21 timore | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother) | |
|--|---|--|
| City or town (If on thinds city or town limits, write RURAL and give nearest town) | State Maryland county Baltimore | |
| | City or town | |
| How Jong In above place of dealh? | (If outside city or town limits, write RURAL and give nearest town) | |
| | Street No | |
| / | 2.(a) If yeleran, name war | |
| How long in hospital or institution? | U . | |
| 3. (a) FULL NAME Harriett E. Zimmerman | 3. (b) Social Security Number | |
| 4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced | MEDICAL CERTIFICATION | |
| Female White Married | | |
| | 20. DATE OF DEATH December 20 19.46 at 5 . 30 P. M | |
| 6.(b) Name of husband or wife Benj. F. Lee Zimmerman | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from | |
| 6.(c) If alive, give age7.8years | D- 10 18.46, 10. D- 20 18.46 | |
| 7. Birth date of Contambon 37 1074 | and that I last saw h Cr alive on | |
| accounts (may asy) | Immediate cause of death | |
| o. Aul: | Concernos Landon 10 des | |
| 72 3 7hrsmin. | | |
| 3. Birthplace Baltimore County Md. (Town, county, and state) | Due to Company of Amos 5. | |
| 1D. Usual occupation Housewife | | |
| | Due to | |
| 11. thesely of sections | | |
| In the state of th | Other conditions | |
| | (Include pregnancy within 3 months of death) | |
| 14. Malden name Kazar Smith 15. Birthplace Beltimore County, Md. | Major findings of operations. | |
| 15. Birthplace Baltimore County, Md. | Major hadings of operations. Date of op. | |
| | | |
| 18. Informant Mr. Lee Zimmerman | Autopsy results | |
| Address Hebbville, Md. | 22. VIOLENCE: If death was due to external causes, fill in the following: | |
| 17 Burial cremation or removal Which?) (Burial cremation or removal Which?) (month) (day) (year) | | |
| | Accepted of the second of the | |
| Cemetery or crematory Mt. Ofive Cemetery | Where did Injury occur? | |
| Rendell stown Md | Injured at home, farm, Industry, public place (where?) | |
| LOCATION LAND LAND LAND LAND LAND LAND LAND LAN | Meene of Injury Injured at work? | |
| 18. Funeral director Diles Live VENU | | |
| Address 4510 Liberty Heights Ave. | 23. SIGNATURE Q. CR Sound | |
| 11 2 21 11 4/6 (1) | M. D. or other | |
| 19. (Date rec'd by registrar) Registrar | Address 4509 Liberty Hgts Ave. Date signed | |

JAN 7 1947

2-310- 2-10